History of the World Allergy Organization: The First 50 Years of IAA/IAACI/WAO

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History of the World Allergy Organization: In 1951, the leaders in allergy from all over the world came together to form the International Association of Allergology and Clinical Immunology (IAACI). For the next 60 years, the allergy world converged at the IAACI triennial meetings, which became biennial in 2003. The international meetings, originally named the International Congress of Allergology and Clinical Immunology (ICACI), are now the World Allergy Congress (WAC) hosted by the World Allergy Organization (WAO). Everyone who has aspired to have worldwide recognition has played a part in IAACI-WAO. The History of the World Allergy Organization traces the global arc of the allergy field over the past 60 years. The current officers of WAO elected to focus on this rich history, inviting prominent leaders who are interested in being part of this history project to write about their time with IAACI-WAO. This series will be presented in Cancún, México as part of the XXII World Allergy Congress (December 4-8, 2011). Leading up to the Congress in Cancún, the World Allergy Organization Journal is presenting segments of the History as part of the "Notes of Allergy Watchers Series." Please enjoy.

—Michael A. Kaliner, MD
Historian and Past President (2006–2007)
World Allergy Organization

This is the first comprehensive attempt to report various aspects of the history of the International Association of Allergology and Clinical Immunology (IAACI) during its first 50 years of existence (1951–2000), later to become the World Allergy Organization (WAO). It is based on historical documents available on the Internet but mostly on my personal archives collected during 30 years (!) of office at the Executive Committee level (1970–2000). For the earlier period of 20 years, however, several gaps in the documentation seem to exist.

HISTORICAL DEVELOPMENT OF ALLERGY AND THE ALLERGOLOGY SPECIALTY—SUMMARY OF IAACI HISTORY (1951–2000)

The early history of the International Association of Allergology (IAA), later the IAACI, is somewhat difficult to reconstitute because few publications or written reports on IAACI activities in the early years seem to remain. From 1951 to 1967, the secretariat and the archives of the IAA obviously remained in the hands of individual "amateurs," particularly the presidents and secretaries-general, who did not institute central archives but kept IAA papers within their personal documents. Some may have saved such personal papers but in various places, and they have not been accessible to me, the more as most of the protagonists have died.

My personal acquaintance with the IAA starts with the V International Congress of Allergology and Clinical Immunology in Madrid in 1964, which I attended at the age of 36. In contrast with the beliefs of some who have seen me associated so long with the IAACI, I have not been a "founder member": for this, I should be by now almost 100!! Since 1970, I have kept many documents and meeting reports from various IAA committees and congresses. It is on that basis that these historical reminiscences have been written. The original documents are by now collected in central archives at the WAO secretariat located in the United States in Milwaukee.

The history of allergy as a medical and scientific discipline has been the subject of numerous reviews and books (Walter and Holtzman,[1] Merikas et al,[2] and Bungy et al[3]). If the real birth of allergy as medically recognized phenomena and diseases dates from the end of the 19th century and the beginning of the 20th century (eg, Blackley: allergy to pollen, 1873; Portier and Richet: discovery of anaphylaxis, 1902; von Pirquet: definition of allergy, 1905; Noon: immunotherapy, 1911), few physicians devoted themselves fully to research, diagnosis, and treatment of allergic diseases until World War II. Accordingly, few national or regional groups in allergology were founded before 1945. By 1950, however, particularly under the impulse of active North Americans and British, French, and South American physicians and biologists devoted to allergology, the climate seemed ripe for the creation not only of national societies but also of a professional society at the international level. This became the original IAA, officially founded in Zürich in 1951. This is usually given as the official birth date of the \IAA,

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but an editorial by Fred W. Wittich, the first president of the IAA, in the first issue of the *International Archives of Allergy and Applied Immunology* in 1950, revealed that the IAA was actually first incorporated in the United States in August 1945.[4]

This current review is limited to the first 50 years of the association. This is almost a natural partition. On the one hand, I have been personally involved with the association at the Executive Committee level from 1970 to 2000, 30 years, which is certainly unprecedented, resented by some as an example of an old crocodile's survival but which certainly gives me a real historical perspective on the development of professional allergy in the second half of the 20th century on a world scale. It also makes it a duty, for historical purposes, to write down the record, even if possibly biased by personal prejudice. In my eyes, the IAA has gone through several distinct periods—distinct on the one hand through the rapid evolution of allergology and immunology and on the other hand under the impulse of some of its presidents.

1951 to 1965: Toward an International Clinical and Scientific Association

Around the end of World War II, under the impulse primarily of physicians such as Robert Cooke, Mary Loveless, and Fred W. Wittich and scientists such as Merrill Chase in the United States, William Frankland in the United Kingdom, Pasteur Valéry-Radot and Bernard Halpern in France, and Mauricio Rocha e Silva in Brazil, the concept of allergic diseases based on similar pathophysiological mechanisms emerged. These diseases affected different organs, such as the nose (rhinitis), the lungs (asthma), the skin (urticaria, atopic eczema, and contact dermatitis), the eye (conjunctivitis), or the cardiovascular system (anaphylaxis). Hence, various medical specialists (dermatologists, internists, otorhinolaryngologists, and ophthalmologists) were primarily involved in their diagnosis and treatment. Around 1950, nobody had been primarily or exclusively trained as an allergist. And it is the discovery of various biological phenomena (reaginic antibodies: Prausnitz and Küstner; antigens and antibodies: Landsteiner and Heidelberger; allergens: Blackley and Haurowitz; and sensitized lymphocytes: Chase) underlying the various clinical phenomena that really created some unity of thinking and provided the emergence of allergy as a medical and scientific discipline. Among the biologists involved, many had been trained in microbiology because that field had already been familiar for half a century with the notions of antigens, antibodies, and immunity.

These were exciting times because each year provided some new building blocks to add to what soon seemed as a new pyramid of knowledge and as a coherent system. I became personally involved early in 1953 because in view of a medical experimental thesis,[5] I became one of the first to reproduce and document histologically the classical transfer of contact dermatitis by sensitized lymphocytes in guinea pigs, originally described by Merrill Chase in 1942. This was the first experimental demonstration that lymphocytes are involved in immunological allergic sensitization. It is this work that launched my own interest and career in allergy and immunology.

But at that time, a number of older and scientifically renowned people had already generated the vision of allergy and immunology, responsible for some common biological mechanisms and a multitude of clinical consequences. This became the major impulse in the creation of a new international medical and scientific association, the IAA.

For the first 15 years, the sole activity of the IAA was the organization of a triennial congress, with practically no activities in between, although formally several committees were established. Because neither the Executive Committee of the IAA nor the Special Committees were able to meet between congresses, there were few practical actions or consequences. The congresses were largely the responsibility of the IAA president, and clinicians played a major role. They also constituted the majority of the attending delegates. Beyond the congress proceedings, there are only few written spurs of these activities because there were no centralized secretariat and no central archives where members of the Executive Committee could have deposited IAA documents.

1965 to 1980: From Allergy to Immunology and Back

The history of the years 1950 to 1980 is dominated by the continuous exchanges between allergy and immunology. Many basic immunological phenomena in humans were first elucidated by the study of allergic diseases. But experimental studies in animals and investigations in humans of various pathologies, such as autoimmune diseases, hematological diseases, neurological diseases, or transplant rejection, soon revealed some common lines of thought. During the first IAA congresses, the programs were therefore very broad and encompassed the whole range not only of clinical allergy but also of basic and clinical immunology. This process found its culmination in the change of name from IAA to IAACI. After several years of discussion, this change of name was finally officially endorsed at the X International Congress of Allergology and Clinical Immunology in Jerusalem in 1979.

Somewhat ironically, the new claim by allergologists to accommodate and include clinical immunology coincided with the foundation of several international societies and groups postulated to represent directly the communities of scientists and physicians dealing with various aspects of clinical immunology. The most important were the International Union of Immunological Societies (IUIS, founded in 1970), the Transplantation Society (founded in 1966), the Clinical Immunology Society (founded in 1987), and the Federation of Clinical Immunology Societies (founded in 2001). During the 1970s and 1980s, a close cooperation and interaction developed between the IAACI and IUIS, which I personally supervised in many ways, having actively participated in the foundation of the IUIS as its first secretary-general and being on the Executive Committee of the IAACI and on the Executive Council of the IUIS at the same time. This close collaboration found a strange peak since I was for 1 year (1985–1986) president of both organizations for 1 year (1985–1986). This also found its expression in several common projects, such as allergen standardization and close cooperation with the World Health Organization (WHO). At that time, a number of allergology leaders were also involved in basic immunological research and immunology circles at

the national and international levels. Later on, these types of personal interactions became less frequent. At the organization level, the current successor of the IAACI, the WAO, seems to follow separate ways and interests than mainstream immunology, with the possible exception of some national societies (eg, Switzerland) where allergologists and immunologists have remained together within the same organization.

Beyond being a markedly scientifically integrative meeting, the IAA congress in Montreal in 1967 was also the first organized by a professional organization, which then remained at the service of the IAA as a professional executive secretary (Suzanne K. Edwards), ensuring in future years and IAA congresses an administrative and organizational continuity. These developments shall be further detailed below.

1980 to 1995: Developing Recognition and New Tools for Allergologists

Beyond continuing its successful series of high-standing triennial scientific congresses of the IAACI with an ever-growing attendance, mainly composed of clinical allergologists, that period was characterized by an increasing attention to practical problems arising from the worldwide practice of allergy. From the steadily increasing number of delegates attending the ICACI congresses (Table 1) and of national allergy (and clinical immunology) societies (Table 2), it is clear that allergology became, during that time in many countries, a new and fully established branch of clinical medicine. This process of recognition was very heterogeneous; it was also often resisted by other medical societies and organizations. At the teaching and training levels as well, appropriate teaching and training in allergology were sometimes difficult to establish at the university and medical faculty levels. Nowadays, the process is still not fully completed or satisfactory worldwide.

Nevertheless, the IAACI achieved marked successes at that time in the recognition of allergology and clinical immunology, often in cooperation with the WHO. The IAACI also organized during that period several seminal meetings, providing guidelines for national governments.

TABLE 1. Summary of IAACI Congresses, Attendance, Budget, and Financial Outcome

IAACI Congresses (1951–1997)	Attendance	Budget	Profit (Loss)
Zürich (1951)	470	—	—
Rio de Janeiro (1955)	350	—	—
Paris (1958)	1400	—	—
New York (1961)	—	—	—
Madrid (1964)	1300	—	—
Montreal (1967)	1400	$108,000	$(12,720)
Florence (1970)	1640	$132,000	$15,271
Tokyo (1973)	1760	$382,000	$6,397
Buenos Aires (1976)	1200	$210,000	$(36,500)
Jerusalem (1979)	1300	$285,000	$17,827
London (1982)	2350	$712,000	$76,277
Washington (1985)	3023	$1,500,000	$123,000
Montreux (1988)	5687	$2,280,000	$190,000
Kyoto (1991)	3000	$2,880,000	$38,212
Stockholm (1994)	6200	$2,300,000	$325,400
Cancun (1997)	4183	$2,749,000	$558,500

At the time, various practical problems were also impairing the practice of allergy. A major one was the quasi-absence of standardization of allergen extracts, the basic ingredients for allergy practice. Methods of preparation and quantitative evaluation (unitage), and analytical tools and techniques, were varying widely from one country to another and even within countries. Allergen manufacturers were more or less left free to introduce widely different products in their markets, and regulatory agencies were not in a position to efficiently fulfill their role, which is primarily to protect the patients. As a result, allergen extracts in the market for diagnosis and therapy could, under the same unitage label (eg, in Noon units), differ in biological potency by a factor of 1000! This could have severe clinical consequences, such as anaphylactic shock by overdosage.

Although standardization of biological materials, in particular allergens, had gathered attention before and had been addressed by various groups, this topic had remained until the end of the 1970s, largely an academic exercise with little concrete impact on the daily practice of allergology. The approach changed drastically in 1977, where a joint Allergen Standardization Committee was set up by the IUIS and IAACI, with the aim of taking concretely in hand the problem of allergen standardization. The purposes were to harmonize and set up officially standard methods for qualitative and quantitative evaluation of allergens, to produce international allergen standards available to everyone for comparison and reference, to provide a worldwide system for potency evaluation (unitage), and in general to foster research on allergens and allergen identification. These were indeed ambitious goals. For the first time, professional associations were taking in hand directly the production of tools useful for manufacture, quality control, and regulation and indirectly therefore also for the benefit of the consumers, that is, doctors and patients. To achieve these goals, the setup of the committee was also unheard of and original: it was constituted in about equal parts of manufacturers, regulators, and scientists working in the allergen field and from interested consumers, that is, clinical allergologists.

A new and original feature was also that for the first time in allergy history, a real dialogue developed between American and European allergologists, manufacturers, and regulators on these matters. The contributions of Harold Baer, director of the Federal Drug Administration's Biological Research Section, and Robert A. Goldstein from the National Institute of Allergy and Infectious Diseases for the American side and Bernard Guérin, Jean Bousquet, A. Ford, B. Brighton, and Henning Löwenstein from the European side were quite decisive in the intense activities of the IUIS/IAACI Allergen Standardization Committee during the 1980s.

A first line of activity was the development of new quantitative and qualitative methods of allergen evaluation (eg, radioallergosorbent inhibition, immunoblotting, enzyme-linked immunosorbent assay) better related to the pathophysiology of allergic diseases. The methods were then validated at the international level by coordinated collaborative studies and adopted as methods of reference. In a second phase, with

TABLE 2. IAA/IAACI Member Societies (1951–2010)

			Members					
	Founded in	IAACI Member Since	1979	1982	1988	1991	1997/1998	2000
Member societies IAACI								
Albanian Society of Allergology and Clinical Immunology	—	—	—	—	—	—	60	60
AAAAI	1943	1951 F*	2588	2740	—	4277	3481*	5700
American College of Allergy, Asthma and Immunology	1942	1951 F	1764	1704	—	3425	1677	1677
American Society of Ophthalmologic and Otolaryngologic Allergy	—	1951 F	—	—	—	—	—	—
American Association of Immunology	—	—	647	629	—	—	—	—
Argentine Association of Allergy and Immunology	—	1951 F	124	131	66	97	358	161
Argentine Society of Allergy and Immunopathology	—	1951 F	—	49	—	24	72	200
Australasian Society of Clinical Immunology and Allergy	1953/1991	1951 F	112	70	128	171	154	—
Austrian Society of Allergology and Immunology	1971	—	—	—	—	—	407	670
Azerbaijan Society for Asthma, Allergy and Clinical Immunology	—	—	—	—	—	—	—	—
Bangladesh Society of Allergy and Immunology	—	—	—	—	—	—	—	—
Belgian Society for Allergy and Clinical Immunology	1980/1996	1951 F	185	187	192	190	100	100
Bolivian Society of Immunology	—	—	19	19	—	—	—	—
Brazilian Society of Allergy and Immunopathology	1946	1951 F	278	378	—	310	1010	1300
British Society for Allergy and Clinical Immunology	1948/1962	1951 F	299	321	280	400	483	523
Bulgarian Society of Allergology	—	—	—	—	—	—	—	—
Canadian Society of Allergy and Clinical Immunology	1945/1967	1951 F	174	172	162	198	301	—
Chilean Society of Allergy and Immunology	1946/1978	1951 F	53	60	60	91	90	137
Chinese Society of Allergology	—	—	—	—	—	—	12	1000
(Chinese) Hong Kong Institute of Allergy	—	—	—	—	—	—	—	—
Colombian Allergy, Asthma, and Immunology Association	—	1951 F	—	—	—	—	106	—
Croatian Society of Allergology and Clinical Immunology	—	—	—	—	—	—	—	—
Cuban Society of Allergy, Asthma and Clinical Immunology	—	1951 F	6	6	32	32	30	—
Cyprus Society of Allergology and Immunology	—	—	—	—	—	—	—	—
Czech Society of Allergology and Clinical Immunology	—	—	—	—	—	—	—	—
Danish Society of Allergology	1946	1951 F	208	236	239	367	435	—
Ecuadorian Society of Allergology and Affiliated Sciences	—	—	25	18	24	24	20	30
Ecuadorian Society of Allergy and Immunology	—	—		10		19	21	12
Egyptian Society of Allergy and Clinical Immunology	—	—	23	23	65	60	75	—
Egyptian Society of Pediatric Allergy and Immunology	2002	—	—	—	—	—	—	—
Finnish Society of Allergology and Clinical Immunology	—	1951 F	144	166	212	258	335	346
French Society of Allergology	—	1951 F	695	649	907	794	830	—
Groupement des Allerfgolohistes de Langue Francaise	—	—	164	153	—	—	—	—
Georgian Association of Allergology and Clinical Immunology	—	—	—	—	—	—	—	—

TABLE 2. *(Continued)*

	Founded in	IAACI Member Since	Members					
			1979	1982	1988	1991	1997/1998	2000
German Society for Clinical and Experimental Immunology (DDR)	—	—	154	153	—	—	—	—
German Society for Allergology and Clinical Immunology	1951	1951 F	160	157	324	350	488	—
Hellenic Society of Allergology and Clinical Immunology	1973	—	—	—	15	—	53	—
Honduran Society of Allergy and Clinical Immunology	—	—	—	—	—	—	—	—
Hungarian Society of Allergology and Clinical Immunology	—	1951 F	—	—	24	—	351	400
Icelandic Society of Allergy and Immunology	—	—	—	—	—	—	—	—
Indian College of Allergy, Asthma and Applied Immunology	1967	—	65	62	90	78	119	400
Indonesian Society for Allergy and Immunology	—	—	—	—	—	—	—	—
Iranian Society of Allergy	—	—	14	19	18	20	20	—
Israel Association of Allergy and Clinical Immunology	—	1951 F	40	31	63	70	78	—
Italian Association of Territorial and Hospital Allergists	—	—	—	—	—	—	—	—
Italian Society of Allergy and Clinical Immunology	—	1951 F	185	183	655	1226	545	
Japanese Society of Allergology	—	1951 F	392	459	488	4758	6787	7000
Korean Academy of Allergy, Asthma and Clinical Immunology	—	—	—	—	140	145	305	303
Latvian Association of Allergists	—	—	—	—	—	—	—	—
Lebanese Society of Allergy and Immunology	—	—	—	—	—	—	—	—
Malaysian Society of Allergy and Immunology	1998	—	—	—	—	—	—	—
Mexican College of Clinical Immunology and Allergy	—	1951 F	—	—	—	—	—	—
Mexican Society of Allergy and Related Sciences	—	—	32	31	26	55	200	—
Mexican College of Pediatricians Specialized in Allergy and Clinical Immunology	1989	—	—	—	—	100	122	—
Mongolian Society of Allergology	—	—	—	—	—	—	—	—
Netherlands Society of Allergology	—	1951 F	93	127	54	23	30	—
Norwegian Society of Allergology and Immunopathology	1946	—	109	177	218	220	346	350
Panamanian Association of Allergology and Clinical Immunology	—	—	—	—	—	—	—	—
Paraguayan Society of Immunology and Allergy	—	—	7	9	11	15	22	—
Peruvian Society of Allergy and Immunology	—	1951 F	30	30	4	15	51	—
Philippine Society of Allergy, Asthma and Immunology	1972	—	11	10	10	23	44	51
Polish Society of Allergology	1982	—	—	—	17	—	425	674
Portuguese Society of Allergology and Clinical Immunology	—	1951 F	51	51	31	210	196	300
Romanian Society of Allergology and Clinical Immunology	1990	—	—	—	—	—	—	100
Russian Association of Allergology and Clinical Immunology	—	—	—	—	—	—	—	—
(Singapore) Allergy and Clinical Immunology Society	—	—	—	—	—	—	—	—
Association of Allergy & Clinical Immunology of Serbia & Montenegro	—	—	—	—	—	—	—	—
Slovenian Association for Allergology and Clinical Immunology	—	—	—	—	—	—	—	—
Allergy Society of South Africa	—	1951 F	—	—	—	—	350	—

TABLE 2. *(Continued)*

	Founded in	IAACI Member Since	Members					
			1979	1982	1988	1991	1997/1998	2000
Spanish Society of Allergology and Clinical Immunology	—	1951 F	304	358	525	634	—	600
Allergy & Immunology Society of Sri Lanka	—	—	—	—	—	—	—	—
Swedish Association of Allergists	—	1951 F	211	206	263	—	568	640
Swedish Association of Internal Allergy	—	—	—	—	—	—	—	—
Swiss Society for Allergology and Immunology	1950	1951 F	226	213	353	470	450	462
Allergy, Asthma and Immunology Society of Thailand	—	—	—	—	—	—	—	150
Turkish National Society of Allergy and Clinical Immunology	1995	—	—	—	—	—	—	—
Ukrainian Association of Allergologists and Clinical Immunologists	—	—	—	—	—	—	—	—
Uruguayan Society of Allergology	—	1951 F	18	16	18	10	104	—
Venezuelan Society of Allergy and Immunology	—	—	—	—	9	88	96	—
Vietnam Association of Allergy, Asthma and Clinical Immunology	—		—	—	—	—	—	—
Yugoslavian Society of Allergology	—	—	256	253	11	—	—	—
Zimbabwe Allergy Society	—	—	—	—	—	—	—	—
Associate member societies	—	—	—	—	—	—	—	—
National Association for Private Algerian Allergists	2002	—	—	—	—	—	—	—
Ecuadorian Society of Allergy and Immunology	—	—	—	—	—	—	—	—
Ecuadorian Society of Allergology and Affiliated Sciences	—	—	—	—	—	—	—	—
Jordanian Society for Allergy and Clinical Immunology	—	—	—	—	—	—	—	—
Kuwait Society of Allergy and Clinical Immunology	—	—	—	—	—	—	—	—
Moroccan Society of Allergology and Clinical Immunology	1992	—	—	—	—	—	—	—
Swedish Association for Allergology	—	—	—	—	—	—	—	—
Regional organizations	—	—	—	—	—	—	—	—
Asia Pacific Association of Allergy, Asthma and Clinical Immunology	1989	1997	—	—	—	—	—	
Commonwealth of Independent States Society of Immunology and Allergology	—	—	—	—	—	—	—	—
EAACI	1956	—	—	—	—	1250	3500	—
Latin American Society of Allergy, Asthma and Immunology	—	—	—	—	—	1224	3100	—
Affiliate organizations								
GA²LEN (Global Allergy and Asthma European Network)	—	—	—	—	—	—	—	—
International Association of Asthmology	1954	—	—	—	—	—	4000	—
International Primary Care Respiratory Group	—	—	—	—	—	—	—	—
Southern European Allergy Societies	—	—	—	—	—	—	—	—

Compiled by the author.
*An F by the year in the second column indicates a founding member society.

the cooperation and financing of the industry, several candidate reference allergen extracts were evaluated and characterized by multiple studies at the international level under the supervision of the WHO. Some suitable preparations obtained the status of WHO International Standards; others considered as not fully representative of the whole spectrum of individual allergenic molecules, which should be present in a biologically active extract, were merely considered as International Reference Preparations.

This considerable scientific, financial, and logistical effort remains, in my historical view of the development of allergology and immunology, the most remarkable instance where consumers, manufacturers, and regulators took jointly, and at the bench level, their fate in their own hands with the common purpose to improve service to the patients. It is somehow regrettable that these efforts, although provided with enthusiasm by the participants, were not fully crowned by success.

The main intent of the allergen standardization project started jointly by the IAACI and IUIS in 1977 had been to establish identical criteria worldwide for evaluation of quality and potency of allergen extracts, including their regulation for use. For that purpose, a collection of internationally recognized Reference Standards had to be established as well. We must unfortunately recognize that, 30 years later (!!!!!), this goal has still not been achieved. From my own perspective, the main cause for that failure is that the initial tacit agreement between the Food and Drug Administration (FDA) in the United States and various European national regulatory authorities to harmonize methods and regulations dissolved in thin air around the end of the 1980s. This was due to several related factors. The first dent in the wall was the observation that some of the allergen preparations selected as WHO International Standards were not perfect and showed some technical flaws. Instead of being positive about having a usable Reference Standard at all, some found it more rewarding to emphasize more or less minor defects. From there on, it was a natural trend for some regulators, who by definition must be overcautious, to put in doubt the feasibility of the whole process. The state of legislation and regulation for allergenic products was also at the time still very heterogeneous throughout the world. For the USFDA, obliged by law to regulate allergens, it became somehow inconceivable to have to wait and depend on a slow international harmonization process. Accordingly, the FDA soon went ahead with its own methods, allergen standards, and regulations. The Europeans, on the other hand, endeavored to harmonize various national regulations into a single European directive under the sponsorship of the European Pharmacopoeia. Therefore, although the whole effort had undeniably a very positive effect in improving the quality and the manufacturing processes of allergen extracts put on the market, it did not achieve its original purpose: worldwide standardization.

An additional factor became the demotivation of essential partners, the allergen manufacturers. At the start, the motivation of the allergen manufacturers for technical and financial support had been to foster worldwide rules for evaluation and registration of allergens, a potent means to improve efficiency and reduce costs. When they saw, however, that the rules of the game would continue to diverge in their various markets, motivation faded. On the contrary, the regulation gaps were suddenly perceived by some as a potent opportunity to provide their own evaluation criteria and their own potency unitage, posturing quality control as an effective marketing tool. Because units provided by different manufacturers were not equivalent, the final result was on the one hand a greater heterogeneity than before, a fair degree of confusion and a welcome (by the companies!) loyalty on the part of consumers. The whole process favored also a concentration among manufacturers because many small companies existing in the 1970s could no longer follow the game.

Even if the enthusiasm of the early 1980s for allergen standardization slackened within the next 10 years, the IAACI remained actively involved in the development and harmonization of new technologies for that purpose. Molecular investigations on the structure of allergenic epitopes, production of monoclonal antibodies against allergens, and production of recombinant allergens became new tools opening much better technological perspectives. In that spirit, the IAACI organized and supported specialized meetings and technical courses on molecular biological technology applied to allergens. There again, emphasis was put on a close cooperation between scientists, manufacturers, and regulators.

During the period of 1980 to 1995, the IAACI also pursued, beyond the organization of its triennial congresses, also other strategic goals, all based on practical needs and improvements in the practice of allergy. Among these was a series of specialized workshops and international studies on house dust mite allergy. House dust mites were recognized as a main cause of allergic asthma worldwide, but the knowledge about their physiology, their habitat, the better ways to combat them, the factors influencing their pathological role, and so on, was disseminated among different professional lines (entomology, climatology, household technology, insect control, immunology, and allergology), which had little opportunity to meet. There was also no particular incentive for the pharmaceutical industry to foster such a line of work. The IAACI activities had therefore a seminal role in improving not only our knowledge about house dust mite allergy but also new and optimal solutions to that worldwide problem, which affects millions of patients.

Although around 1980, allergy as a medical discipline and specialty was well recognized in a number of countries, there was still much to do in terms of medical training, specialization, and official recognition in many parts of the world. This aspect, recognition of allergy at the medical school and public health levels, became also at that time an important strategic goal for the IAACI. In close cooperation with the WHO, several initiatives in that direction were taken, such as the IAACI Committee on Specialization and Training. I have little doubt that these initiatives produced adequate fruits within 10 years, as shown by a literal explosion of allergy groups and national societies in the 1990s and 2000s. Of course, the marked epidemiological increase of allergic diseases during the same period has also contributed to the increased recognition of allergy as a public health problem.

1995 to 2000: Toward a World Allergy Organization

The relatively closely knit group of IAACI presidents and Executive Committee members, who were mostly heavily engaged in allergology practice, had opened since 1980 the door of ICACI scientific congresses to other purposes than mere scientific exchanges. These lateral activities had, however, a limited scope. First, they were devoted to goals, which had possibly a broad clinical impact, such as standardization or mite allergy, but which were involving only a limited number of highly specialized individuals. Second, these activities were hardly attractive or important for the pharmaceutical industry, and it was difficult to find financial sponsors.

At the same time, the character and needs of ICACI congresses began to change. In the early days, the main or sole purpose was a multidisciplinary exchange of scientific

information among professionals who, for the most part, had not been primarily trained as allergists. Then, increasingly, generations of physicians and biologists primarily trained in allergy found in IAACI and in their national allergy societies their sole professional family. These had therefore to satisfy not only scientific but also professional needs, particularly in terms of postgraduate education, postgraduate courses, and the like.

It was also soon realized that, particularly in view of allergic diseases becoming a growing public health problem, the small number of specialized allergists would never suffice to ensure appropriate diagnosis and treatment of millions of allergic patients worldwide. For that purpose, it was imperative to provide proper education on modern allergy concepts and techniques to related medical specialties (pneumologists, internists, pediatricians, dermatologists, otorhinolaryngologists, and ophthalmologists) but also and foremost to general practitioners. Last but not least, it was necessary to provide allergy education to paramedical personnel (nurses), to teachers and parents of allergic children, and to the allergic patients themselves. This represents an enormous task worldwide and a quasi-total departure from the former limited frame of IAACI as a scientific and medical association.

This evolution represented also playing in a different league in terms of logistics and economics. Since 1993, the IAACI developed together with pharmaceutical industrial partners ambitious educational programs [eg, World Allergy Forum, Perspectives of Allergy (see section on Special Projects and the WHO)] aimed at a broader audience and costing several hundreds of thousands of US dollars. These also required increasing professional administrative support. Broad financial support from the industry was easier to obtain because the drug allergy market represented around US $20 to US $30 billion worldwide and because the IAACI-sponsored programs represented an ideal marketing tool. To improve legitimacy and worldwide access to such programs, official partnership with the WHO was also sought.

These trends and activities had many visible and positive effects, such as better recognition of allergy as a public health problem and better acceptance of allergy as a specialty in medical schools, improvement of allergy education in other medical specialties and broader public closer ties between IAACI and its national member societies, involvement of a larger number of young professionals in educational activities, creation of educational materials, and a sizable increase in financial capacities of IAACI organizations and congresses. Indeed, since 1987, attendance and budgets of the congresses increased markedly from less than $1 million to nearly $3 million, with sizable benefits reinvested in educational and other projects (Table 1). There is also little doubt that the general climate created by this flurry of IAACI activities has helped to develop the consciousness of national governments and politicians about allergic diseases. Several allergy-related research and epidemiological programs have been launched in the years 2000 and beyond, particularly at the level of the European Union (GA^2LEN, CREATE, PREVALL, etc.).

To better cope with new worldwide responsibilities, new missions, and a larger financial and administrative frame, a profound reorganization and formulation of a new strategy were found necessary. Under the leadership of President S. Gunnar Johansson (1997–2000), several meetings were organized in 1998 and 1999 to discuss a new strategy for IAACI, a change of name to WAO, and the necessary adaptations and changes of the Constitution and Bylaws. These represented a profound change in the mission and aims of the IAACI. From an association of professionals essentially devoted to scientific exchange and internal education, the group was to become a worldwide organization with a significant influence on public health and, to some extent, political responsibilities. In addition, the move implied some new structural ties with industry sponsors.

In addition to these substantial moves, the proposed reorganization was responding to some frustrations among the younger generations about the rigid structure of IAACI, particularly with the long period in office of Executive Committee members and IAACI officers, precluding broader recruitment, involvement, and turnover of younger leaders. Indeed, due to the triennial elections, a president was active for at least 9 years on the Executive Committee, often more. Accordingly, several alternative solutions for more rapid turnover and shorter intervals between IAACI congresses were discussed. Finally, in a new constitution adopted at the congress in 2000 in Sydney, a biennial rotation for congresses and Executive Committee elections was adopted.

The full extent of the profound changes proposed was possibly not perceived at the time by the bulk of IAACI constituency. They generated a number of cautionary remarks but no definite opposition. This is not the place to evaluate and compare how far the changes in orientation and mode of operation of the IAACI/WAO from 2000 to 2010 have successfully and positively influenced the evolution of allergy professionals and allergy patients throughout the world (see Conclusions).

IAACI CONGRESSES

Foundation of the IAACI and I International Congress of Allergology, Zürich, 1951

The effective foundation of the IAA was prepared for almost 5 years by intense correspondence, primarily between the American protagonists (Ethan Brown, Fred W. Wittich, and Samuel Feinberg), the French (Pasteur Valéry-Radot and Bernard Halpern), the Spanish (Carlos Jimenez Diaz), and the South Americans (Mauricio Rocha e Silva). This correspondence, which has unfortunately been lost, but which I had the opportunity to read some years ago, showed that unity on the aims and means of the new association was not easy to attain. In particular, the classical antagonism between American and French views was already evident at that time. As a matter of fact, the final session leading to the formulation of the IAA constitution on September 27 and 28, 1951, lasted until 2:00 AM in the morning—like many later political United Nations Organization international meetings!

The I International Congress of Allergology was convened in Zürich from September 23 to 29, 1951. It convened 570 participants from 39 countries and 28 national allergy societies. The congress was organized by Ch. W. Löffler, an

internationally recognized authority in internal medicine, as president and A. S. Grumbach, professor of Microbiology, as secretary-general. The finances, as expected, were attended by a Swiss bank, Credit Suisse, in the person of A. G. Mann as treasurer.

As indicated in the first report of the congress, the organization had to tackle numerous expected difficulties. Although an "IAA" already existed in the United States, it could hardly be considered as a real lead organization, several important national societies having not yet joined. After 3 years of tiresome correspondence, a personal visit by B. Z. Rappaport, Chicago, gave the opportunity to convince the leaders of the American Academy of Allergy and other uninvolved societies that the future IAA and the congress would be organized as a gathering of free and independent academicians.

It was especially thanks to the preliminary work done by Ethan A. Brown and Samuel M. Feinberg that an acceptable version of the IAA constitution was arrived at overnight from Thursday to Friday, September 27 and 28 at 2:00 AM. After its signature by all the delegates who provided credentials (House of Delegates), the new IAA was proclaimed on Friday, September 28, at 3:00 AM. The new Executive Committee was elected (Table 3) under the presidency of Fred W. Wittich, with S. F. Feinberg as president-elect, B. N. Halpern as secretary-general, and A. S. Grumbach as treasurer.

The congress was held at the Zürich Congress Building and was followed by "Symposium on the influence of the hypophysis and the adrenal cortex on biological reactions" sponsored by the Swiss Academy of Medical Sciences. Therefore, from the beginning, the IAA was associated with the most modern aspects of allergy, in that case the discovery of the role of corticosteroid hormones, the most recent medical discovery of the time.

The importance of the new field was also recognized by political authorities, the congress being held under the patronage of the Swiss Federal Council and the honorary president being Phillip Etter, head of the Department of the Interior.

During the congress, honorary membership was awarded to various illustrious scientists in the field of allergy:

- A. F. Coca, New Jersey (United States)
- Sir Henry Dale, London (United Kingdom)
- R. Doerr, Basel (Switzerland)
- C. Frugoni, Rome (Italy)
- D. M. Heidelberger, New York (United States)
- R. Otto, Frankfurt (Germany)
- P. Portier, Paris (France)
- R. Rössle, Berlin (Germany)
- B. Schick, New York (United States).

In the course of the week, 26 reports, 22 opening lectures, and 132 individual contributions were presented. The accompanying spouses had also an extensive program, with a dahlia show, a fashion show at the famous Grieder House, various private tea receptions at private homes, an excursion to the Lake Lucerne, and a visit to the Monastery of Einsiedeln.

As indicated by W. Löffler in his closing remarks, this first meeting of experts on a worldwide basis exceeded the most optimistic expectations and set the tone for many other fruitful congresses. The spirit had well changed since a little anecdote concerning Pirquet and which was recalled by W. Löffler … Shortly before his death, Pirquet was visited by a colleague who was also scientifically interested in allergy. After his colleague had left, Pirquet said to his assistant, "I don't like at all when other people poke their noses in my personal affairs." He regarded apparently allergy, in which he was the pioneer, as an interesting and personal affair.[6]

As Löffler concluded: The future of allergy research and understanding are bright and will require participation of many disciplines. As said by Claude Bernard, science consists not only in facts but also in the conclusions drawn from them.[6]

As a sign of changing times, it could also be reminded that in 1951, thank-yous to the financial sponsors were a single global expression of gratitude toward the "contributing private enterprises," and their corresponding advertisements were limited to a few pages at the end of the congress book.

II International Congress of Allergology, Rio de Janeiro, 1955

In 1955, the IAA encompassed 28 regional societies and a total of 3450 members. Its second international meeting was held from November 6 to 12, 1955, in the magnificent hotel of Quitandinha located in Petropolis, about 60 km from Rio de Janeiro, in half-tropical, half-mountainous surroundings.

The organization of the congress had been assumed by the Brazilian Society of Allergy and Immunopathology, under the presidency of Francisco E. Rabello, a well-known dermatologist, and with Ulysses Fabiano Alves as secretary-general. The Organizing Committee was chaired by E. Bruun Negreiros. Twenty-six countries had sent delegations, and the number of attendees was about 350.

Six honorary lecturers had been invited: Sir Henry H. Dale (United Kingdom), Pasteur Valéry-Radot (France), Robert Cooke (United States), Bernardo Houssaye (Argentina), Jimenez Diaz (Spain), and Mauricio Rocha e Silva (Brazil). Unfortunately, neither Sir Henry Dale, Pasteur Valéry-Radot, nor Bernardo Houssaye could attend the congress.

The languages mostly used during the congress were English, French, Portuguese, and Spanish, with simultaneous translation provided. The congress was opened Sunday, November 6, with official addresses from Dr Carlo Luz, president of the Federal Chamber of Representatives, Dr Nerou Ramos, vice president of the Senate, and Dr Aramis de Athayde, Minister of Health.[7]

III International Congress of Allergology, Paris, 1958

The III International Congress of Allergology was held in Paris within the facilities of the new Faculty of Medicine, rue des Saints-Pères, from October 19 to 26, 1958, and gathered about 1400 participants, representing 41 countries (Fig. 1). Pasteur Valéry-Radot was honorary president and Samuel M. Feinberg, president of the IAA, chaired the congress. The

TABLE 3. IAA/IAACI Executive Committees (1951–2009)

	1951–1955	**1955–1958**	**1958–1961**	**1961–1964**	**1964–1967**
President	F. Wittich (US)	S. M. Feinberg (US)	B. Halpern (F)	C. Jimenez Diaz (ES)	B. Rose (CA)
Vice president	S. M. Feinberg (US)	B. Halpern (F)	C. Jimenez Diaz (ES)	B. Rose (CA)	U. Serafini (IT)
Past president		F. Wittich (US)	S. M. Feinberg (US)	B. Halpern (F)	C. Jimenez Diaz (ES)
Secretary-general	B. N. Halpern (FR)		C. H. A. Walton (CA)		
Treasurer	A. S. Grumbach (CH)		E. Bruun (DK)		
Historian					
Executive secretary					
1st vice president	U. F. Alves (BR)		J. Quintero Fossas (CUB)		
2nd vice president	Pasteur Vallery-Radot (FR)		O. Withers (US)		
3rd vice president	D. A. Williams (UK)		E. Letterer (DE)		
Members-at-large	E. A. Brown (US)		J. Gutmann (ISR)		
	E. Bruun (DK)		V. Walker (UK)		
	C. W. Löffler (CH)		W. Quarles van Ufford (NL)		
	M. S. Mallen (MEX)		J. L. Cortes (MEX)		
	F. M. Rackeman (US)				

	1967–1970	**1970–1973**	**1973–1976**	**1976–1979**	**1979–1982**	**1982–1985**
President	U. Serafini (IT)	M. Samter (US)	T. Sindo (JP)	E. Mathov (AR)	C. Arbesman (US)	J. Pepys (UK)
President-elect	M. Samter (US)	T. Sindo (JP)	E. Mathov (AR)	C. Arbesman (US)	J. Pepys (UK)	A. L. de Weck (CH)
Past president	B. Rose (CA)	U. Serafini (IT)	M. Samter (US)	T. Sindo (JP)	E. Mathov (AR)	C. Arbesman (US)
Secretary-general	A. W. Frankland (UK)	C. Arbesman (US)	L. L. Henderson (US)	L. L. Henderson (US)	L. L. Henderson (US)	L. L. Henderson (US)
Treasurer	L. L. Henderson (US)	J. Jamar (BE)	A. L. de Weck (CH)	A. L. de Weck (CH)	I. Glazer (IL)	I. Glazer (IL)
Executive secretary	S. E. Edwards	S. E. Edwards	S. E. Edwards	S. E. Edwards	R. W. Neal	R. McNeil
1st vice president	T. Sindo (JP)	A. W. Frankland (UK)	C. Arbesman (US)	I. Glazer (IL)	A. L. de Weck (CH)	J. Charpin (F)
2nd vice president	E. Medes (BRA)	A. L. de Weck (CH)	P. Naranjo	J. Pepys (UK)	S. O. Freedman	S. O. Freedman (CA)
3rd vice president	D. Ordman (SA)	E. Mathov (AR)	S. O. Freedman (CA)	J. Charpin (F)	A. Oehling (ES)	A. Oehling (ES)
Members-at-large	P. Naranjo	J. Pepys (UK)	Y. Oshima (JP)	F. Cua-Lim (PHI)	M. M. El-Mehairy (EG)	M. M. El-Mehairy (EG)
	M. Coleman Harris (US)	E. Mendes (BR)	I. Glazer (IL)	S. O. Freedman (CA)	O. C. Thomas (US)	O. C. Thomas (US)
	J. Jamar (BE)	V. Bristow (AUS)	J. A. Stewart (AUS)	Y. Kimura (JP)	J. E. Bacigaluppi (AR)	J. E. Bacigaluppi (AR)
	L. Bentolila (ARG)	O. L. Frick (US)	M. Salazar Mallen (MEX)	P. Naranjo (ECU)	Y. Kimura (JP)	Y. Kimura (JP)
	I. Glazer (IL)	J. Grau (CHI)	J. Pepys (UK)	D. N. Shivpuri (IND)	E. Fuchs (D)	R. Munro-Ford (AUS)
					R. Munro-Ford (AUS)	S. Kraepelin (SE)
					S. Kraepelin (SE)	J. L. Cortes (MEX)

	1985–1988	**1988–1991**	**1991–1994**	**1994–1997**	**1997–2000**
President	A. L. de Weck (CH)	J. Charpin (F)	T. Miyamoto (JP)	A. Oehling (ES)	S. G. O. Johansson (SE)
President-elect	J. Charpin (F)	T. Miyamoto (JP)	A. Oehling (ES)	S. G. O. Johansson (SE)	A. Kaplan (US)
Past president	J. Pepys (UK)	A. L. de Weck (CH)	J. Charpin (F)	T. Miyamoto (JP)	A. Oehling (ES)
Secretary-general	O. L. Frick (US)	O. L. Frick (US)	A. Kaplan (US)	A. Kaplan (US)	C. Baena-Cagnani (AR)
Treasurer	R. J. Davies (UK)	R. J. Davies (UK)	R. J. Davies (UK)	M. Kaliner (US)	M. Kaliner (US)
Historian			A. L. de Weck (CH)	A. L. de Weck (CH)	A. L. de Weck (CH)
Executive secretary	R. Iber	R. Iber	R. Iber	R. Iber	R. Iber
1st vice president	S. O. Freedman (CA)	A. Oehling (ES)	S. G. O. Johansson (SE)	M. Ricci (IT)	J. Ring (ER)

TABLE 3. *(Continued)*

2nd vice president	A. Oehling (ES)	J. Croce (BR)	M. Ricci (IT)	J. Ring (ER)	R. J. Davies (UK)
3rd vice president	J. Croce (BR)	M. Ricci (IT)	J. Ring (ER)	R. J. Davies (UK)	F. B. Michel (F)
Members-at-large	M. Ricci (IT)	E. Fuchs (D)	F. B. Michel (F)	F. B. Michel (F)	M. Adachi (JP)
	T. Miyamoto (JP)	S. G. O. Johansson (SE)	T. Kishimoto (JP)	T. Kishimoto (JP)	G. W. Canonica (IT)
	E. Fuchs (GE)	K. J. Turner (AUS)	P. Holt (CA)	P. Hoilt (AUS)	C. Katelaris (AUS)
	S. G. O. Johansson (SE)	J. G. Huerta-Lopez (MEX)	M. Kaliner (US)	E. Bardana (US)	R. F. Lockey (US)
	K. Turner (AUS)	M. A. Kaliner (US)	E. Bardana (US)	C. Naspitz (BR)	J. F. de Mello (BR)
	B. Berman (US)	L. Greiding (AR)	L. Greiding (AR)	C. Baena-Cagnani (AR)	J. Sastre (ES)
	J. G. Huerta Lopez (Mex)		C. Naspitz (BR)	J. G. Huerta Lopez (Mex)	D. Vervloet (F)
	2000–2003	**2003–2005**	**2006–2007**	**2008–2009**	**2010–2011**
President	S. G. O. Johansson (SW)	A. Kaplan (US)	C. Baena-Cagnani (ARG)	M. Kaliner (US)	R. F. Lockey (US)
President-elect	A. Kaplan (US)	C. Baena-Cagnani (ARG)	M. Kaliner (US)	G. W. Canonica (IT)	R. Pawankar (JP)
Past president	A. Oehling (SP)	S. G. O. Johansson (SW)	A. Kaplan (US)	C. Baena-Cagnani (ARG)	G. W. Canonica (IT)
Secretary-general	C. Baena-Cagnani (ARG)	G. W. Canonica (IT)	G. W. Canonica (IT)	C. Katelaris (AU)	L. J. Rosenwasser (US)
Treasurer	M. Kaliner (US)	C. Katelaris (AU)	C. Katelaris (AU)	R. Lockey (US)	M. Sanchez-Borges (VE)
Historian	A. de Weck (SW)	J. Ring (GR)		A. Kaplan (US)	M. A. Kaliner (US)
Executive secretary					
1st vice president	J. Ring (GR)	D. Vervloet (FR)			
2nd vice president	R. Davies (UK)	M. A. Kaliner (US)			
3rd vice president	F. Michel (FR)	J. de Mello (BR)			
Members-at-large	M. Adachi (J)			J. Bousquet (F)	I. Ansotegui (ES)
	G. W. Canonica (IT)	R. Lockey (US)	R. Dahl (DN)	R. Dahl (DN)	M. Blaiss (US)
	C. Katelaris (AU)	R. Dahl (DN)	S. Durham (UK)	T. Fukuda (J)	T. Casale (US)
	R. Lockey (US)	S. Durham (UK)	R. Lockey (US)	Bob. Q. Lanier (US)	M. Ebisawa (JP)
	J. de Mello (BR)	C. Motala (SAF)	C. Motala (SAF)	B. W. Lee (S)	Y. El-Gamal (EG)
	J. Sastre (SP)	R. Pawankar (J)	R. Pawankar (J)	C. Motala (SA)	S. González Díaz (MEX)
	D. Vervloet (FR)	J. Sastre (SP)	T. Popov (BV)		T. Haahtela (FI)
		F. E. R. Simons (CA)	J. Ring (GR)		S. Holgate (UK)
			J. Sastre (SP)		J. C. Ivancevich (AR)
			F. E. R. Simons (CA)		M. Kowalksi (PL)
			D. Sole (BR)		H-S. Park (SK)
			D. Vervloet (FR)		P. C. Potter (SA)
					T. Slavyanaskaya (RS)
					M. Zitt (US)

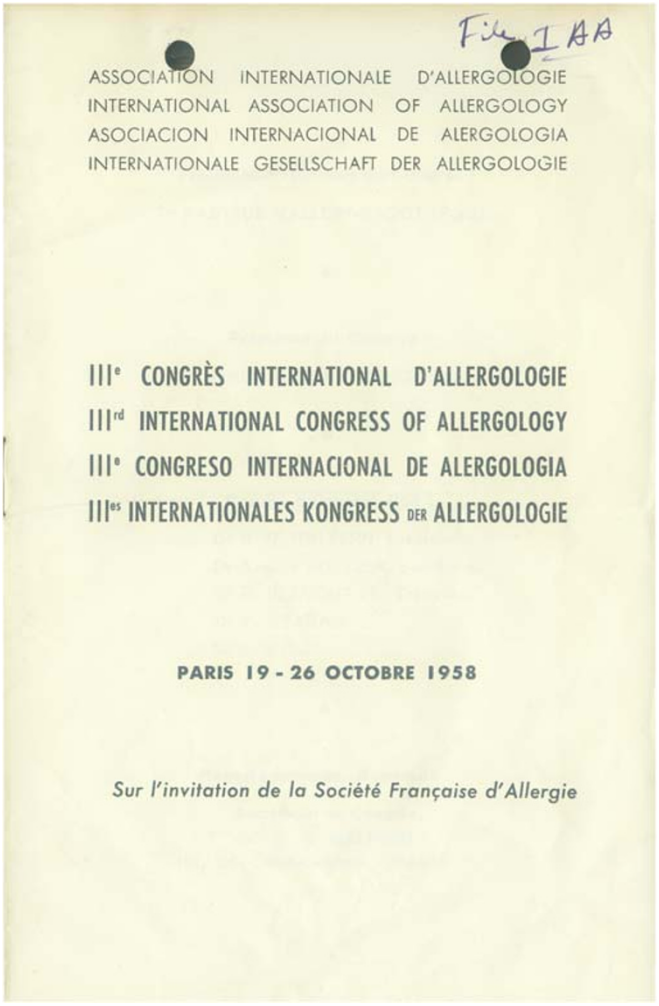

FIGURE 1. Cover of the final program of the III International Congress of Allergology, Paris, 1958.

Organizing Committee was composed of Bernard N. Halpern (president), Andrée Holtzer (secretary), Pierre Blamoutier (treasurer), and P. Grabar and E. Sidi (members).[8,9]

The opening session was presided by Jean Berthoin, Minister of National Education, Bernard Chenot, Minister of Public Health, Jean Sarrailh, rector of Paris University, Léon Binet, dean of the Faculty of Medicine, and Sir Henry H. Dale, from London, winner of the Nobel Prize of Medicine, as well as Paul Portier of the Academy of Sciences and also a Nobel Prize winner. In his opening talk, Paul Portier, in moving words full of humility and simplicity, recalled the circumstances of the discovery of anaphylaxis by Charles Richet and himself during the famous 1901 cruise on the yacht of Prince Albert I of Monaco. Very moved, the audience gave a standing ovation to this great scientist, 93 years of age, when ending his talk, he stated: "This is the history of the big discovery made together with Mr Richet, a little bit despite ourselves."[8,9]

Sixty-four lectures were presented in the frame of 7 symposia devoted to asthma and emphysema, physicochemical properties of allergic antibodies, recent advances in etiology and treatment of allergic diseases, biochemical aspects of hypersensitivity, auto- and isosensitization, eczema diathésique (atopic dermatitis), and allergy and its social impact in various countries. About 400 scientific communications were presented by the participants on various problems related to allergy.[8,9]

Problems related to allergy concern not only human clinical diseases. These represent only a single aspect of that field. The immunological mechanism of the allergic reaction has indeed a much broader significance. Allergy is only a form of immunity, characterized essentially by the production of a special type of antibody able to bind to tissues. As a result of the reaction between the specific antibody and the antigen, which has caused its formation, an explosive liberation of cellular histamine occurs, which is responsible for the clinical symptoms.[9]

It seems, as shown by various studies presented at that congress, that some not yet fully known diseases, in particular some blood diseases affecting erythrocytes, platelets, or leukocytes, are based on a mechanism of auto- or isosensitization. This may also be the case for some so-called collagen diseases, lupus erythematosus, periarteritis nodosa, acute rheumatoid arthritis, scleroderma, and dermatomyositis. Although it seems unlikely that all these diseases represent the clinical expression of a single identical immunological response, convincing evidence has been provided that they rest on an immunoallergological mechanism. In this last group of diseases, the role of chemical mediators is more doubtful, and cellular lesions are caused by activation of serological and tissue complement acting as a real enzyme.[9]

On the other hand, it is currently obvious that the organism rejects transplanted organs or homologous grafts by similar mechanisms. The solution of the important and pressing question of graft and organ transplantation rests entirely on progress gained in knowledge about immunological and allergic phenomena and in the possibility of preventing the formation of the antitissue antibodies responsible for graft rejection.[9] Drug allergy also held a major place in the discussions due to its increasing incidence and to the severe effects, sometimes fatal, which it may cause.[9]

Finally, a new problem that affects mainly the organism of public health and social security is the social and economic impact of allergic diseases in various countries. The importance of this issue is underlined by some numbers. More than 9 million working days are lost annually in Great Britain due to allergic diseases. In Belgium, for a population of 9 million inhabitants, the cost of respiratory allergic diseases amounts to 18 billion French francs per year, which extrapolated to the French population would mean for France a yearly expense of 90 billion French francs, and this only for respiratory allergic diseases.[9]

By order of prevalence, allergic diseases come in third place behind cancer and cardiovascular diseases, and they affect about 10% of the population. Their incidence is steadily increasing. Whereas cancer and cardiovascular diseases usually touch individuals in a declining phase of activity, allergic diseases may start in the cradle and pursue people during their whole life.[9] It is time that the authorities responsible for public health give more attention to this important

question that raises social, prophylactic, educational, and also financial problems.[9]

IV International Congress of Allergology, New York, 1961

The IV International Congress of Allergology was held at the Hotel Commodore in New York from October 15 to 20, 1961, under the chairmanship of Bernard N. Halpern. This international conference was becoming increasingly important as a means of assembling and presenting advances in medical knowledge and the latest work on a fascinating subject. A broad view had been increasingly taken of allergy. Consequently, the 43 main papers dealt with a great variety of subjects. It is this recognition of allergy as a phenomenon with an infinite number of facets and as the main ingredient of many different clinical conditions that makes the field so important. The fact that autoimmune disease, hypogammaglobulinemia, and homograft rejection are discussed in the same section shows how we have moved since the days when asthma, hay fever, and eczema were the only allergic disorders known to most physicians.[10]

Many of the papers presented were perhaps fully comprehensible only by the biochemists. They gave the latest information about the biochemistry of the antigen–antibody reaction and the identity of its mediators, an admittedly unfinished but rapidly unfolding story, but there was also much information available for the clinician, in particular, an excellent exposition of hypersensitivity to drugs, of the management of asthma, and of the use of mineral oil emulsions for desensitization to pollens.[10]

V International Congress of Allergology, Madrid, 1964

A highly successful V International Congress of Allergology was held in Madrid, Spain, in October 1964 under the presidency of Carlos Jimenez Diaz and with F. Lahoz as organizing secretary (Fig. 2). It attracted approximately 1300 participants from 50 countries and many guests and exhibitions. At the main scientific sessions, simultaneous translation facilities were available in Spanish, English, French, and German, the official languages of the congress.[11,12]

The general topics discussed at the congress were the relationship between allergy and immunity, bronchial asthma, and diseases of autosensitization. B. B. Levine of New York read an interesting paper on immunochemical mechanisms involved in penicillin hypersensitivity in experimental animals and human beings. A paper on cellular and humoral theories of anaphylaxis was presented by H. O. Schild of the London University College. W. B. Sherman from the Cook Institute of Allergy in New York spoke about antibodies of inhuman allergic diseases.[11]

Antigens and antibodies in drug allergy were discussed by Max Samter and S. A. Markowitz from Chicago. They stated that the antigens in drug allergy are by and large antigenic determinants attached to protein carriers. Clinical differences in drug reactions might be due to the differences in host response to the antigen–antibody complex and to the type of antibodies.[11]

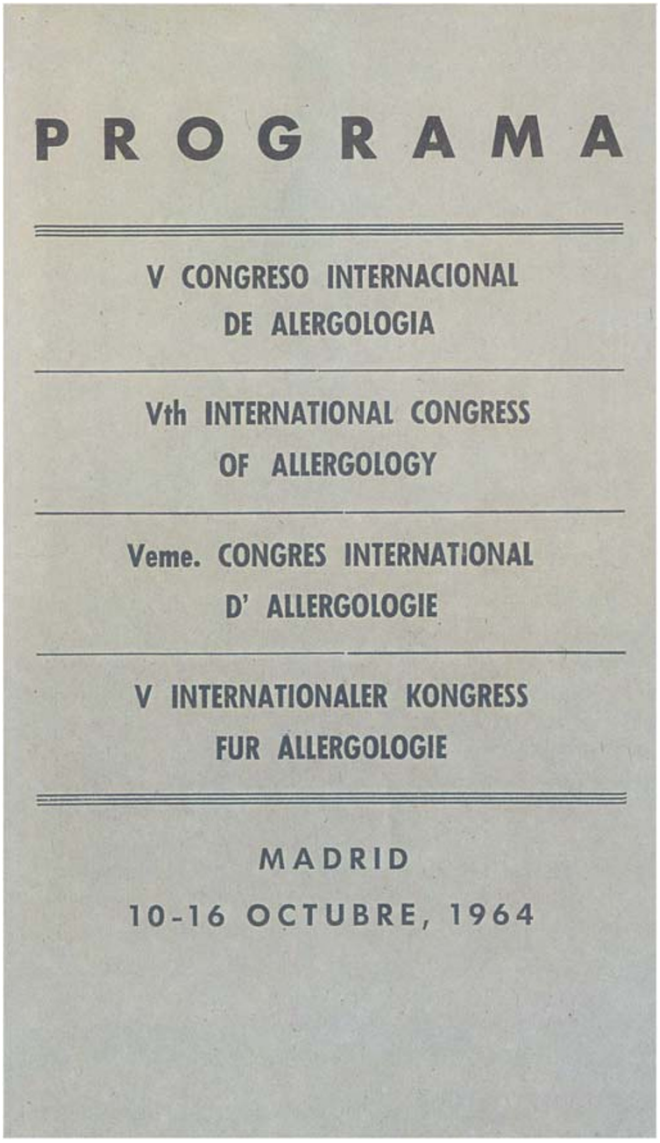

FIGURE 2. Cover of the final program of the V International Congress of Allergology, Madrid, 1964.

Hans Selye from Montreal presented a paper on calciphylaxis and calcergy. He made an attempt to present a natural classification of the various forms of calciphylaxis and calcergy. Although little is known as yet about calciphylaxis in humans, the possible clinical implications of these concepts have provided very interesting and promising problems for future investigation, as judged at the time, although calciphylaxis 50 years later seems to have largely disappeared from the scene.[11]

Cournand from New York discussed pulmonary mechanics, gas exchanges, and circulation during acute bouts of asthma and intervening periods. E. Witebsky from Rochester presented the meaning of autoantibodies in human pathology, a compilation of work in the field of autoimmune diseases. Several interesting papers were presented on the connection between the thymus and autoimmunity.[11] The congress was

a highly successful one, considering the scientific value of the papers presented, the thoroughness with which the selected topics and general themes were covered, the general organization of the congress, and the various social and parascientific activities.[11]

Author's Personal Note

For me, this congress was a marking stone because it was the first IAACI congress that I attended and also my first big allergy congress at all. I was struck by the opportunity to meet many scientists known until then only from literature, an opportunity even more fruitful than listening to many interesting papers. It was also the first opportunity to present at the international level the basic work on penicillin allergy and immunohistochemistry performed in the preceding years by B. B. Levine, myself, and C. Parker in Herman Eisen's group. It is from there on that my interest in IAACI originated and my conviction that the IAACI was to be the main vehicle of progress in allergology in the subsequent years.

VI International Congress of Allergology, Montreal, 1967

The VI International Congress of Allergology was held in Montreal from November 5 to 10, 1967, under the presidency of Bram Rose and with S. O. Freedman as secretary-general of the Organizing Committee. There were about 1400 attending delegates.[13–15]

The first major symposium dealt with the cells that are now regarded as the hallmarks of immune processes. J. F. A. P. Miller (Melbourne) outlined the evolution of the progenitor stem cell from its origin in bone marrow to its final sophisticated role as an antibody-forming cell in the lymph node via thymus lymphocytes and the circulating pool of long-living antigen-reactive and antibody-forming cells. G. Mackaness (Saranac Lake) described how mononuclear phagocytes or macrophages engulfed antigenic material by pinocytosis into its pinocytic particles or pinosomes and then transferred it to lysosomes. These organized packages of enzymes then degraded antigen to its constituent nucleic acids, although the fate of the latter was not clear. Antilymphocytic serum and irradiation have been found to stimulate pinocytosis of macrophages and help destroy antigenicity. M. Litt (Boston) had studied the effect of inoculating the footpad of the guinea pig with hemocyanin or chick erythrocytes, which produced eosinophils in the draining lymph nodes within minutes. This reaction was suppressed by cyclophosphamide and is probably due to an antigen–antibody reaction.[13]

In the field of transplantation, R. Billingham (Philadelphia) reported that homograft rejection followed the intimate admixture of the graft antigen with sensitized lymphocytes but some other factor, such as a lymph node plasma factor, which appeared early and governed migration of macrophages also contributed. During the past 4 years, Montreal's McGill University had transplanted cadaver kidneys to 79 patients with renal failure, most of whom were younger than 45 years. The preparatory immunosuppressive regimen to overcome homograft rejection included local irradiation, oral corticosteroids, azathioprine, and actinomycin. Complications after operation included rejection, acute tubular necrosis, and vascular upsets. In his detailed review of this considerable experience, J. Dossetor (Montreal) pointed out that previous sensitization by hemodialysis was not deleterious to subsequent renal transplantation. The 2-year survival rate was 40%. T. Starzl (Denver) emphasized the immunosuppressive value of antilymphocyte serum prepared by subcutaneous injection of human spleen into horses. The harvested antilymphocyte serum, inoculated subcutaneously into renal graft recipients, behaved synergistically with oral corticosteroids and azathioprine, so that their dose could be halved. Although there had been a survival rate of about 50% before the availability of antilymphocyte globulin, only 1 of 20 patients had died since its introduction 17 months before. Moreover, before July 1987, all 7 patients who had received liver homotransplants had died. Since then, with the help of antilymphocyte globulin, 3 of 4 patients had survived more than 2 months. However, antilymphocyte globulin was not without risks: serum sickness, anaphylactic reactions, fever, and pain at the site of injections, but at that time, no serum sickness nephritis had been reported after more than 2500 injections.[13]

In a session devoted to sarcoidosis, E. Mankiewicz (Montreal) reported the frequent isolation of mycobacteria and their phages from serum and specimens resected from patients with sarcoidosis. Serum antibodies to these mycobacteriophages were readily demonstrated in patients with active tuberculosis but not in sarcoidosis patients. This was claimed to be responsible for the lack of caseation in sarcoidosis. D. G. James (London) said that the cardinal feature of depression of delayed-type hypersensitivity was presumably due to immunological bankruptcy of thymus-mediated lymphocytes. Although there was hyporeactivity of these antibody-carrying lymphocytes, circulating or serological antibodies were unimpaired. The other characteristic feature of sarcoidosis was the formation of torpid granulomas in all tissues and also in response to the intradermal inoculation of human spleen sarcoid tissue.[13]

An important portion of the congress was devoted to asthma. D. G. Wraith and K. Maunsell (London) reported that a mite, *Dermatophagoides*, found in house dust was an important and widespread cause of respiratory allergy in Britain. High concentrations of the mites were noted in bed mattresses of all types, particularly if they were not regularly brushed and aerated, also in bedroom floor dust, sacks, handkerchiefs, and pockets. Intradermal skin tests with mite extracts were positive in high dilutions. A. W. Frankland (London) also drew attention to insect allergens, which could be inhaled or injected by stings. Humans respond to mosquito bites by the development of delayed- and immediate-type reactions, both of which disappeared with desensitization. Locusts were strong sensitizers causing asthma, particularly in those who were constitutionally susceptible. He also warned of the dangers of the grain weevil in wheat causing baker's asthma and bee stings causing acute anaphylaxis and sudden death.[13]

A. William Frankland also reviewed the many factors responsible for asthma. Although asthma was influenced by corticosteroids, allergic asthma was often unimproved during pregnancy. He reiterated the possible danger of cardiac arrhythmias and even sudden death due to the abuse of

atomizers containing adrenaline. The potency of these bronchodilators was emphasized by D. Bates (Montreal); for airways, obstruction was reversed, and the forced expiratory volume improved within 2 breaths and was maximal within 20 minutes of using an aerosol. Iodine 125 administered by inhalation and intravenous radioactive xenon were now being applied to the study of respiratory function in asthma. Ventilation was noted to be poor in the apices and bases of the lungs of the asthma groups, whereas the maximal abnormality was only at the lung bases of the chronic bronchitic smoker. Bad zones of ventilation revealed arterial oxygen tensions as low as 50 mm Hg mercury. Scans showed uneven distribution, and the lung of the asthmatic patient adjusted its perfusion to the abnormal ventilation. The overinflated lungs of the asthma groups seemed to lose their elasticity temporarily. There is also a syndrome in which bronchospasm did not coincide with exercise but instead developed when the subject was resting 4 minutes or so after exercise. Metabolic acidosis led to a falling pH, which had a spastic effect on the pulmonary circulation. The postexercise bronchospasm diminished or disappeared with adrenaline or its analogs.[13]

In systemic lupus erythematosus, using the immunofluorescence technique to demonstrate circulating antinuclear antibodies, J. T. Watson and his colleagues (Montreal) had defined 4 patterns of nuclear fluorescent staining, with different prognostic significance. J. H. Vaughan (Rochester) reported a series of 15 patients in whom the syndrome was provoked by procainamide. Symptoms usually began after the drug had been taken for several months. Eight months after discontinuing the drug, most of the patients were asymptomatic. This improvement on withdrawal of the drug was one of the distinguishing features from the idiopathic disease, the others being absence of renal involvement and normal serum complement levels.[13]

Samuel O. Freedman (Montreal) had prepared a tumor antigen from carcinoma of the human colon and, by inoculation into rabbits, produced a specific antiserum. Similar antigens could be made from embryonic gut, so that they were collectively referred to as carcinoembryonic antigen. A serological survey had shown that the specific circulating antibody was always absent in normal people. It was, however, present in 70% of patients with carcinomas of the alimentary tract but absent in those with metastases, possibly because circulating antibodies were absorbed by such a large antigenic mass of cancer cells. The antibody was specific for tumors of the digestive tract but also present in pregnancy because of the presence of fetal material. One could also demonstrate fluorescence in antigen–antibody complexes in human rectal cancer. Thus, it should be possible to stain feces for the presence of tumor antigen.[13]

Author's Personal Comments

The Montreal Congress was possibly the first congress of the IAACI where high North American scientific standards were consequently applied, not only in the choice of guest speakers but also in the selection of presented communications. Up to that time, some local and "political" criteria had mixed in, ending up in a heterogeneous bag in terms of scientific quality. For me, this congress was one of the first where the whole scientific research in allergology and immunology, particularly from North America, was widely represented. The congress was dominated by a towering figure, our host Bram Rose, a most distinguished gentleman, combining charm, scientific competence, and warm hospitality. This, together with an efficient organization, and the warmth of our Canadian colleagues more than compensated for the freezing outside temperatures. In 1967, a professional permanent executive secretariat was established for the first time in the person of Suzanne K. Edwards, who had also been instrumental in organizing the Montreal Congress.

VII International Congress of Allergology, Florence, 1970

At the time of the VII International Congress of Allergology (Florence, 1970), the IAA counted 34 societies with some 6000 members. The congress was held at the new Palazzo dei Congressi from October 14 to 20, 1970, under the presidency of Umberto Serafini and with Mario Ricci as secretary-general. It was attended by 1685 participants.[16]

The congress encompassed 7 invited lectures, 9 symposia, 1 panel, 1 roundtable, and 38 section meetings. Sixty guest speakers from many different countries were invited.[16,17]

On the program were interesting symposia on immunoglobulins, antibodies, drug hypersensitivity, and asthma in children. Several hundred free communications on various topics in allergy were presented also.

Author's Personal Comments

Florence was for IAA the congress of consolidation and confirmation as a professional organization. The permanent secretariat assumed by Suzanne K. Edwards had functioned to general satisfaction, even in financial terms, and was reconducted enthusiastically. The working program was somewhat more devoted to the core of allergy than the preceding congresses, reflecting perhaps the emergence in the same year of an IUIS, of which I was the first secretary-general. Close cooperation between the 2 professional organizations was planned from the start.

Florence, 1970, was for me some surprise because as a young chick of 42 and only attending my third congress, I was elected as second vice president, a clear breach in the IAA tradition and procedures, which had been very restrictive until then and most attentive to seniority principles. That breach according to the minutes was initiated involuntarily by the Nominating Committee, which had proposed 2 Mexicans, certainly one too many from the same region. The Executive Committee corrected the mishap by putting me up for nomination, first as member-at-large and then as second vice president, instead of Jack Pepys. It is certainly the only time that I caused such an affront, unwillingly, to my old friend Jack. This was to be the start of a 30-year career in the IAA Executive Committee.

VIII International Congress of Allergology, Tokyo, 1973

The VIII International Congress of Allergology was held at the hotel New Otani in Tokyo from October 14 to 20,

1973, under the local chairmanship of Y. Oshima, Y. Kimura, and N. Kobayashi (Fig. 3). As the IAA president, Max Samter established a forceful leadership. The congress was attended by some 1760 participants from more than 50 countries.[17]

It definitely established allergology as a discipline in medical science, far away from the pragmatic witchcraft of the past, as it was still seen by many physicians. The congress presented 5 plenary morning sessions on reaginic antibodies in disease, lymphocytes in regulation of immunological responses, cellular hypersensitivity in the pathogenesis of immunological disease, biochemical regulations, and pharmacological control of tissue reactions and posed unanswered questions in allergy and some possible answers. To this were added afternoon sessions on bronchial asthma, drug allergy, the immunology of vasculitis, and animal models of immunological reactions, as well as more than 400 free communications.[5,18]

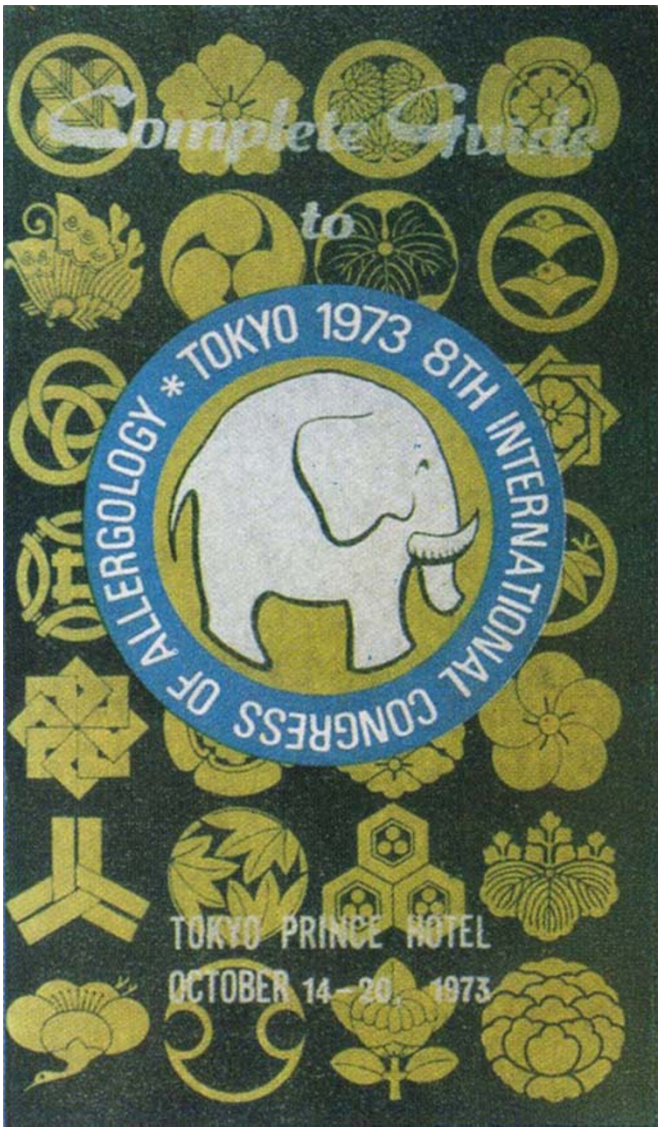

FIGURE 3. Official logo of the VIII International Congress of Allergology, Tokyo, 1973.

Author's Personal Comments

The eighth congress was the first to be held in Japan and was the opportunity for many colleagues to become really acquainted with a community of allergologists who had remained somewhat isolated for a long time and with a country and culture that were to play a major role in the past 3 decades of the 20th century. At the time, Japan was still pretty insular; it was difficult to find a taxi driver speaking English. You had better carry on you a postcard from your hotel to make sure you would find your way back to your hotel room after an excursion in town. The organization was perfect but very rigid; any changes in the program requested because some people were on duty at 2 different places simultaneously were systematically refused. Only our President Max Samter had the charm to navigate freely among the ceremonials.

IX International Congress of Allergology, Buenos Aires, 1976

The IX International Congress of Allergology was held at the Sheraton Hotel in Buenos Aires from October 24 to 30, 1976, under Enrique Mathov as chairman of the Organizing Committee.[19] The congress occurred under difficult circumstances because the government of Isabel Martinez de Peron had been forcibly replaced by a military junta a few months before, with many economic and security problems. For that reason, many delegates and guest speakers canceled their attendance, sometimes at the last moment. The number of delegates was nevertheless about 1300.[5,19]

Full sessions were held on advances in immediate-type allergy (H. Bennich, K. Ishizaka, A. H. Sehon, T. Tada, H. Bazin, L. M. and Lichtenstein), advances in cancer immunology (G. Klein, P. Alexander, G. A. Voisin, and G. Mathé), advances in cellular immunology (K. Rajewsky, H. Wigzell, B. Bloom, A. L. de Weck, and B. Cinader), clinical aspects of bronchial asthma (D. B. Amos, M. J. Dulfano, C. E. Reed, A. Roncoroni, J. M. Dubois de Montreynaud, and F. Lahoz), regional problems in bronchial asthma and complement in allergic diseases (M. Mayer, I. H. Lepow, A. Dalmasso, I. Gigli, V. Nussenzweig, and K. Nishioka), dermatological allergy (I. Juhlin, E. Macher, E. Schöpf, N. Soter, and L. Polak), advances in clinical immunology (A. C. Allison, P. Hesnon, R. A. Good, O. van Bekkum, and N. F. Mendes), advances in allergen chemistry (L. Goodfriend, A. Malley, B. Brighton, J. L. Longbottom, T. Miyamoto, and G. Gleich), new diagnostic procedures in allergy (C. Arbesman, R. P. Siraganian, J. Brostoff, J. P. Girard, and J. Bacigaluppi), mediators of immediate-type allergy (H. Metzger, S. I. Wasserman, K. F. Austen, P. Piper, and J. Benveniste), evaluation of new drugs in allergy (I. Glazer, M. Grinstein, P. Naranjo, E. S. Assem, and D. N. Shivpuri), and interstitial pneumopathies and occupational asthma (J. Salvaggio, A. Palma-Carlos, J. Pepys, and A. W. Frankland). In addition, 358 free communications were presented.[19]

Author's Personal Comments

The ninth congress in Argentina was placed from the start under a difficult shadow. The first was the personality of its president, Dr Mathov, an allergologist of high repute in

Argentina and Latin America but not very well acquainted with other parts of the allergological world. This made him not optimally prepared for the international tasks that awaited him. Two preparatory and preliminary trips by the IAA officers to Argentina in 1974 and 1975 did not quite suffice to compensate for the authoritarian and sometimes autistic handling of the matters at the local level. In addition, the military revolution and the deposition of the Argentine President Isabel Martinez de Peron, a few months before the congress, created a climate of insecurity and fear that were little conducive to congress activities, which were held under heavy-armed guard. As a result, numerous North American delegates stayed away at the last moment.

As a result, the congress suffered for the first time in its history a heavy financial loss, of about $36,000, which almost broke its financial back. As treasurer, and in the absence of our permanent secretary who was ill, I was practically left alone to mend the broken pieces, an ordeal that I have depicted in my memoirs. Nevertheless, the warm hospitality of our Argentine friends and the numerous fiestas compensated somehow for the administrative mishaps.

X International Congress of Allergology, Jerusalem, 1979

The X International Congress of Allergology took place in Jerusalem at the Hilton Hotel from November 4 to 11, 1979 (Fig. 4). It was organized by Israel Glazer and Nathan Lass as cochairmen of the Organizing Committee and Edgar Pick as secretary-general and Israel A. Pick as treasurer. The congress was attended by about 1700 delegates from 35 countries. One significant move at that congress was the approval of a change of name: The IAA became the IAACI.

The congress in Jerusalem was, although somewhat smaller than the preceding ones, very successful. It particularly facilitated the integration of the very active and vivid immunological communities of Israel, with its universities and the world-renowned Weizmann Institute of Science.

Eleven symposia were devoted to the following:

- recent advances in immunology (with contributions by M. Sela, M. Feldman, A. L. de Weck, N. Trainin, and K. Ishizaka);
- new perspectives in regulation of the IgE response (T. Kishimoto, D. H. Katz, A. Sehon, C. R. Zeiss, and K. Ishizaka);
- allergy in otorhinolaryngology (P. van Cauwenberghe, T. Ishii, J. T. Connell, H. Mygind, R. E. Reisman, M. Okuda, T. A. E. Platts-Mills, and I. M. Bernstein);
- immunological and pharmacological mechanisms in allergy (T. Ishizaka, B. Diamant, L. M. Lichtenstein, W. W. Brocklehurst, A. Szczeklik, and S. Wasserman) (A. B. Kay, H. F. Dvorak, O. Strannegard, J. Bienenstock, B. Zweiman, and K. F. Austen);
- immunology of parasitosis (H. C. Goodman, K. Ishjizaka, R. A. Binaghi, A. Capron, A. E. Butterworth, and K. J. Turner);
- bronchial asthma (G. Schultz, M. A. Kaliner, A. P. Kaplan, A. Szentivanyi, J. A. Nadel, S. Godfrey, and E. Ellis);

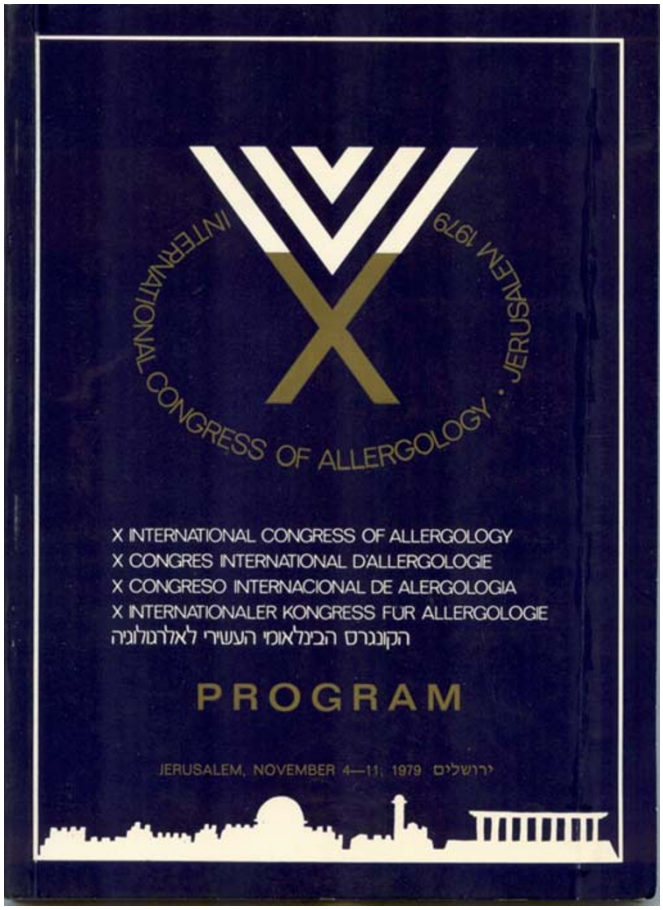

FIGURE 4. Cover of the final program of the X International Congress of Allergology, Jerusalem, 1979.

- effect of experimental and occupational agents on the lung and its bronchial airways (R. G. Slavin, J. Salvaggio, K. Aas, M. Young, J. N. Fink, A. J. Newmanà Taylor, J. Pepys, and K. Alanko);
- biological rhythms in allergy and immunology (J. P. McGovern, N. R. Hetzel, F. Caradente, G. Fernandez, G. Gaultier, P. Gervais, S. Bonini, M. Knapp, H. von Mayersbach, J. D. Fitzgerald, and M. J. Rosenbaum);
- cell-mediated reactions (A. L. de Weck, C. Sorg, and E. Pick);
- untoward reactions to insects (I. S. Ishay, H. E. Reisman, L. M. Lichtenstein, A. Grant, R. F. Lockey, J. Croce, T. King, and T. Miyamoto).[20]

In addition, more than 400 free communications were presented.[20]

Author's Personal Comments

The X congress in Israel took place in a cheerful mood. After the 1967 and 1973 wars, the State of Israel seemed secure and well installed in new borders, particularly in the Old City of Jerusalem, which was a big attraction for IAACI delegates. The State of Israel was also particularly attentive to the congress and delegated its President Yitzhak Navon. There was some hope that the wounds suffered by the

Palestinian and Arab peoples would also be mended with time. On a more modest scale, the IAACI treasury had also somewhat recovered from the Argentine congress debacle 3 years earlier. So, everything looked for the best.

Paradoxically, although the IAA had added Clinical Immunology to its name, the content of the congress signaled some return to original allergological themes. Basic immunology, clinical immunology, and transplantation were at the time taken over by new specific international organizations actively developing, such as the IUIS and the Transplantation Society.

XI International Congress of Allergology and Clinical Immunology, London, 1982

The XI International Congress of Allergology and Clinical Immunology took place at the Barbican Centre in London from October 17 to 22, 1982. The patron of the congress was Her Majesty Queen Elizabeth II. Jack Pepys was chairman of the Organizing Committee and Robert Davies was cochairman. A shadow was brought by the untimely death of Carl Arbesman, the IAACI president, a few weeks before the congress. According to the IAACI constitution, he was replaced temporarily by Alain de Weck, first vice president. The congress was attended by approximately 2000 delegates from 57 countries.[21,22]

The congress program encompassed 20 symposia on topics such as mediators of allergic tissue reactions (K. F. Austen, L. M. Lichtenstein, T. Ishizaka, B. Samuelsson, S. I. Wasserman, R. N. Pinckard, R. P. Siraganian, and A. P. Kaplan), reactions to drugs (H. D. Schlumberger, N. F. Adkinson, P. L. Lieberman, J. Charpin, and P. Girard), fibrosing alveolitis (J. E. Salvaggio, M. Turner-Warwick, C. Molina, J. N. Fink, and T. Kawai), pediatric allergy with neonatal and antenatal factors (J. F. Soothill, F. B. Michel, B. Björksten, F. Björksten, and D. C. Heiner), dermatological allergy (T. Provost, S. G. O. Johannsson, P. Askenaze, R. C. Cormane, A. L. Sheffer, M. W. Greaves, and W. E. Parish), food allergy (R. Paganelli, E. Lebenthal, D. M. Moneret-Vautrin, S. A. Bock, and K. J. Bloch), diagnostic procedures in allergy (N. Mygind, R. J. Davies, T. G. Merrett, T. A. E. Platts-Mills, R. P. Siraganian, J. L. Longbottom, and C. R. Zeiss), cell membrane pharmacological receptors (J. C. Venter, M. A. Kaliner, R. Townley, C. Dollery, and A. Szentivanyi), cell membrane antibody receptors (A. B. Kay, A. Froese, H. L. Piegelberg, and M. M. Frank), update on antiallergic drugs (E. R. McFadden, M. Turner-Warwick, P. J. Pier, R. E. C. Altounyan, and K. F. Austen), immunological approaches to the treatment of allergy (R. Urbanek, L. M. Lichtenstein, R. J. Davies, J. Dewdney, and A. L. de Weck), asthma research (M. A. Kaliner, B. P. Richardson, A. Szentivanyi, M. Debelic, and H. Herzog), clinical and experimental implications of long-term (IgE) and short-term (IgG-STS) antibodies (W. E. Parish, D. R. Stanworth, M. C. Conroy, L. Perelmutter, and R. B. Moss), regulation of the IgE response (A. Sehon, K. Ishizaka, A. L. de Weck, D. H. Katz, and T. Kishimoto), respiratory tract hyperreactivity (D. W. Empey, S. Godfrey, F. E. Hargreave, J. Orenek, E. R. McFadden, and T. H. Lee), occupational respiratory allergy (H. Keskinen, R. Patterson, I. L. Bernstein, A. Sosman, P. S. Burge, and H. Thiel), animal and insect allergy (R. Rudolph, A. J. Newman-Taylor, I. Litsky, J. L. Ohman, R. E. Reisman, and A. B. Kay), role of lymphocytes in allergic reactions (M. Ricci, D. C. Dumonde, E. Pick, H. N. Claman, F. S. Kantor, and J. Turk), allergens (J. L. Logbottom, M. D. Chapman, J. W. Yunginger, R. D. Tee, H. Löwenstein, and T. P. King), and pharmacokinetics of antiallergic drugs (J. Morley, J. Cadwell, E. F. Ellis, K. Brown, S. M. Harding, and E. Middleton). No less than 58 parallel sessions were held, in addition to a vast poster and industry exhibition.[21] The social program was also quite brilliant with a governmental reception at the Lancaster House, a concert by the London Symphony Orchestra and the HM Royal Marine Band, a formal banquet in the Great Hall of St. Bartholomew's Hospital, and an Elizabethan feast at the Hatfield House, as well as a farewell dinner in the 1784 Porter Tun Room at the Whitbread Brewery.

Author's Personal Comments

The start of the London Congress was saddened by the unexpected death of Carl Arbesman, the IAACI president, a few weeks before. I had, therefore, as first vice president, to take over as acting president all his formal duties at the congress, while Jack Pepys performed as president of the Organizing Committee and as president-elect. There were many duties to perform, for which I had little time to prepare. In addition, we experienced there the collapse of our executive secretariat, R. W. Neal, who had replaced Suzanne K. Edwards in 1979 and had delivered a very poor performance. He was therefore replaced on short notice by R. O'Neil, director of the Executive Director Inc (EDI) office in Milwaukee, who remained the executive secretariat of the IAACI for the next 28 years (see sections on Executive Secretariat and Finances).

Beyond the scientific program, which was excellent, I have 3 anecdotic memories of that congress. The first was that the Barbican Centre was at the time quite new and lacked some indicators for directions. For many delegates, it looked more like a labyrinth than a congress hall; some claimed that a few delegates got lost for the whole week. Another more bright remembrance was a sumptuous formal dinner at the Great Hall of St. Bartholomew's Hospital. I sat there with my wife at the side of the presiding host, the Duke of Gloucester, a cousin of Her Majesty Queen Elizabeth II. I was particularly impressed by the efficiency of his adjutant major, who had prepared a minute-by-minute schedule of the event, including a 5-minute recess for the Duke to go to the "loo" (as the British say). Finally, I remember my disappointment when the IAACI House of Delegates chose Cannes (France) by 1 vote over Montreux (Switzerland), which I had proposed for the XIII ICACI congress 6 years later.

XII International Congress of Allergology and Clinical Immunology, Washington, DC, 1985

The XII International Congress of Allergology and Clinical Immunology was held at the Sheraton Washington

Hotel in Washington, DC, United States, from October 20 to 25, 1985. The Organizing Committee was chaired by Jack Pepys and cochaired by Gilbert Barkin and Robert Goldstein. Joseph Bellanti was secretary. The congress was attended by approximately 3000 delegates.[23,24]

Eleven plenary and concurrent symposia were held on topics such as clinical and basic aspects of IgE antibody (A. S. Fauci, A. Capron, N. J. M. Kjelman, K. Ishizaka, and D. H. Katz), IgG subclass antibodies in allergic disease (P. H. Lambert, J. Brostoff, W. J. Stevens, D. Stanworth, R. C. Aalberse, G. M. Gwynn, and A. G. Bootello), advances in drug allergy (N. F. Adkinson, D. Vervloet, H. E. Amos, J. Ring, and D. D. Stevenson), cellular mechanisms in allergic reactions (G. G. Gleich, W. E. Parish, M. Joseph, C. Sorg, E. L. Reinherz, and P. W. Askenaze), heterogeneity and pharmacological modulation of mast and basophil cells (S. Freedman and T. Ishizaka), autoimmune mechanisms in common allergic disorders (J. C. Venter, S. G. O. Johansson, H. Spiegelberg, R. S. Geha, and J. Pepys), mechanisms and pathophysiology of asthma (B. G. Simonsson, F. E. Hargreave, T. A. E. Platts-Mills, S. Godfrey, C. Zanussi, J. Nadel, and S. Durham), immediate-type allergy—an update on mediators (M. A. Kaliner, D. Metcalfe, A. B. Kay, K. F. Austen, J. Benveniste, A. P. Kaplan, J. Foreman, B. Stadler, and M. M. Frank), progress in immunopharmacology and immunotherapy (L. Chedid, S. Orr, H. Metzher, H. Loewenstein, G. Barkin, and R. Patterson), dermatological allergy (M. W. Greaves, A. Lahti, S. I. Katz, I. Gigli, W. P. Jordan, and J. M. Hanifin), the future of allergy (T. Waldman, A. L. de Weck, R. A. Baldo, D. H. Katz, K. Ishizaka, S. Holgate, J. Pepys, and M. A. Kaliner), food allergy (K. J. Bloch, M. H. Lessof, M. Silverman, H. A. Sampson, R. N. Hamburger, D. Moneret-Vautrin, and D. D. Metcalfe), and occupational respiratory allergy (P. Gervais, J. E. Salvaggio, C. R. Zeiss, R. J. Davies, and M. Chan-Yeung). In various abstract sessions, 428 free communications were presented, as well as 736 posters. The industry exhibition was set up by 43 exhibitors.[23,24] The social events encompassed a welcome reception at the Sheraton, a concert by the National Symphony Orchestra at the Kennedy Center, a giant barbecue on the mall, and a farewell dinner dance at the Sheraton Washington Hotel.

Author's Personal Comments

The congress in Washington, DC, had for me a special flavor because I was on sabbatical at the National Institutes of Health in Washington, DC, during that year (1984–1985) preceding the congress. I became therefore actively engaged in its organization and privy to a number of quarrels behind the scenes between the 2 national American IAACI member societies [the American Academy of Allergy, Asthma and Immunology (AAAAI) and the American College of Allergy, Asthma and Immunology]. Most of the objects of these quarrels had more to do with personal differences than fundamental matters, and I have therefore not retained them for historical purposes.

The congress was certainly a full scientific and social success; it was attended by more than 3000 participants and yielded a substantial income, definitely putting IAACI on solid financial footing after the Argentine congress debacle. It also did a great deal to rekindle the interest of American allergists for the international scene.

XIII International Congress of Allergology and Clinical Immunology, Montreux, 1988

The XIII International Congress of Allergology and Clinical Immunology was held at the Montreux Congress Center and the Montreux Palace in Montreux, Switzerland, from October 16 to 22, 1988 (Fig. 5). Alain de Weck was chair of the Organizing Committee, with Professor Philippe Frei as vice chair and Dr Werner Pichler as secretary. The congress was attended by more than 5600 delegates, an all-time record.[5,25]

The scientific program included more than 20 plenary and parallel symposia on allergic and inflammatory reactions: the cells (K. F. Austen, J. Bienenstock, M. Capron, D. Gemsa, A. Capron, B. M. Stadler, and P. W. Askenaze), the mediators (C. W. Parker, A. B. Kay, A. P. Kaplan, and

FIGURE 5. Final announcement of the XIII International Congress of Allergology and Clinical Immunology, Montreux, 1988.

C. P. Page), cell–mediator interactions (L. M. Lichtenstein, G. Stingl, R. Crystal, J. M. Dayer, and A. J. Zuckerman), allergy prevention (N. J. M. Kjellman), diagnostic procedures (S. G. O. Johannsson, R. Aalberse, B. David, A. Pécoud, and S. Ahlstedt), immunomodulation (P. Grob, F. Aiuti, K. Bolla, R. Petrov, and J. A. Bellanti), allergy and changing environment (A. I. Terr, T. Miyamoto, J. Charpin, T. A. E. Platts-Mills, P. C. Frei, R. Simon, J. E. Salvaggio, and B. Björksten), management of allergy in the 1990s (F. B. Michel, M. A. Kaliner, S. Holgate, J. Bousquet, J. F. O'Hanlon, M. Drouin, and E. Monroe), perspectives in allergy and clinical immunology (R. Pauwels, M. H. Schreier, R. A. Good, R. Levinsky, J. F. Borel, and B. von Graffenried), molecular characteristics of allergens, highlights in clinical immunology (T. Kishimoto, E. Gleichmann, H. Waldmann, H. Metzger, A. S. Fauci, M. Lotze, G. Nossal, and A. L. de Weck), immunotherapy (R. Patterson, P. S. Norman, U. Müller, R. Urbanek, J. Bousquet, and R. Jarisch), retrovirus infections (A. Moretta, D. Klatzmann, R. Kurth, W. Haseltine, A. Sehon, and M. Grieco), and IgE-related peptides (H. Metzger, B. Helm, D. Vercelli, H. Spiegelberg, D. Stanworth, and R. N. Hamburger). In addition, 333 free communications and 1033 posters were presented, as well as 41 industrial exhibits.[25] The social program included an opening reception highlighted by the Landwehr of Fribourg, a reputed Swiss marching band, a dinner excursion to several famous Swiss castles including the Chillon Castle, an afternoon excursion to the Swiss National Circus Knie in Martigny, and a farewell dinner dance at the Casino of Montreux.[25]

Author's Personal Comments

The Montreux Congress was the one in which I was the most directly involved since totally responsible for all organizational aspects. A major decision before the final planning was to involve, beyond the usual IAACI executive secretariat, no professional congress organization but to solve all problems by ourselves. This gave to the whole organization a kind of personal and family touch but was also responsible for a sizable financial surplus. It was certainly the last entirely "homemade" IAACI congress.

The holding of the congress in Montreux was also some kind of surprise because in fact Cannes had been chosen 6 years before. However, for various reasons, Jacques Charpin renounced the organization and Montreux became a natural substitute. Personally, I applied the recipe for a good organization leader, which I had learned many times before. Make yourself free and never plan to have something specific to do during the event itself. In this way, you will remain fully available for any mishap and troubleshooting that will unavoidably occur during a large meeting. The problem is not what you have foreseen but what you have not imagined possible. Indeed, the very large and unexpected number of delegates created multiple logistical problems behind the scenes.

Besides a well-balanced scientific program, 2 social events have remained in the memory of the participants. Dinner was served one evening in 7 medieval Swiss castles within a 100-km circle from Montreux, which presented a sizable transportation and logistical problem, to be solved by military transportation techniques! The next day, 3 special trains transported the whole congress to an afternoon circus show. The whole was certainly the largest manifestation I ever organized and was a potent occasion to reaffirm ties, not only in my own surroundings but also with the whole IAACI family.

XIV International Congress of Allergology and Clinical Immunology, Kyoto, 1991

The XIV International Congress of Allergology and Clinical Immunology was held at the Kyoto International Conference Hall in Kyoto, Japan, from October 13 to 18, 1991 (Fig. 6). Terumasa Miyamoto was chair of the Organizing Committee, M. Hanaoka and H. Mikawa were vice chairs, and Y. Kimura was secretary-general. The congress was attended by about 3000 delegates.[26]

Twenty-one plenary and concurrent symposia were held on topics such as IgE synthesis and receptor interactions (W. E. Paul, S. Romagnani, J. E. de Vries, K. Ishizaka, H. Metzger, G. Delespesse, and A. Capron), recently developed antiallergic and related drugs (A. Koda, R. Pauwels, S. T. Holgate, A. W. Ford-Hutchinson, W. Dorsch, and R. P. Schleimer), house dust and mite allergy (T. A. E. Platts-Mills, M. Sanchez-Medina, J. Croce, D. Vervloet, H. Okudaira, M. D. Chapman, and U. Wahn), ophthalmic allergy (S. Ohno, H. Mochizuki, S. Bonini, R. J. Buckley, K. F. Tabarra, and L. M. T. Collum), occupational and environmental allergy, diagnosis and monitoring of allergic diseases (S. G. O. Johanssson, L. H. Schwartz, L. M. Lichtenstein, A. L. de Weck, J. Bousquet, H. A. Sampson, and S. Croner), the role of PAF and the importance of PAF antagonists in respiratory diseases (P. Braquet, P. J. Barnes, S. Makino, B. B. Vargaftig, P. M. O'Byrne, and H. Heuer), perspectives in food allergy (C. Andre, D. D. Metcalfe, L. Businco, M. Baba, M. Sanchez-Borges, and B. Wühtrich), mediator release and its modulation (K. F. Austen, R. P. Siraganian, D. Kennerly, S. Kohno, A. P. Kaplan, D. MacGlashan, and G. Marone). New concepts in clinical immunology (B. Pernis, T. Shimi, S. F. Schlossman, J. L. Fahey, I. M. Roitt, R. S. Geha, and K. Kobayashi), inflammatory cells and cytokines in allergy (A. B. Kay, G. J. Gleich, J. J. Oppenheim, C. Dahinden, K. Takatsu, T. Kishimoto, and K. Arai), mast cells and basophils (Y. Kitamura, A. M. Dvorak, T. Ishizaka, J. Bienenstock, M. K. Church, and J. A. Denburg), pathogenesis and treatment of collagen diseases (R. N. Maini, P. E. Lipsky, E. M. Tan, N. Talal, R. C. Williams, and T. Abe), dermatoimmunology (J. Thivolet, T. A. Luger, R. F. Tigelaar, J. Ring, H. Yoshida, and J. C. Byrstyn), impact of biotechnology on allergy research (H. A. Helm, J. P. Kinet, J. Oksenberg, W. R. Thomas, B. M. Stadler, R. Arnon, D. R. Stanworth, and A. H. Sehon), pathogenesis and treatment of bronchial asthma (F. E. Hargreave, M. A. Kaliner, J. Morley, A. Oehling, W. Busse, R. Patterson, and F. B. Michel), improving the quality of life in asthma (T. Miyamoto, M. A. Kaliner, R. Pauwels, T. H. Lee, G. S. Rachelefsky, S. T. Holgate, and S. Makino), pediatric allergy (O. L. Frick, R. H. Buckley, M. Tischinda, E. F. Ellis, K. G. Sohn, K. Faith-Magnusson, and J. Anderson), physical allergy (M. Ichibashi, L. Greiding,

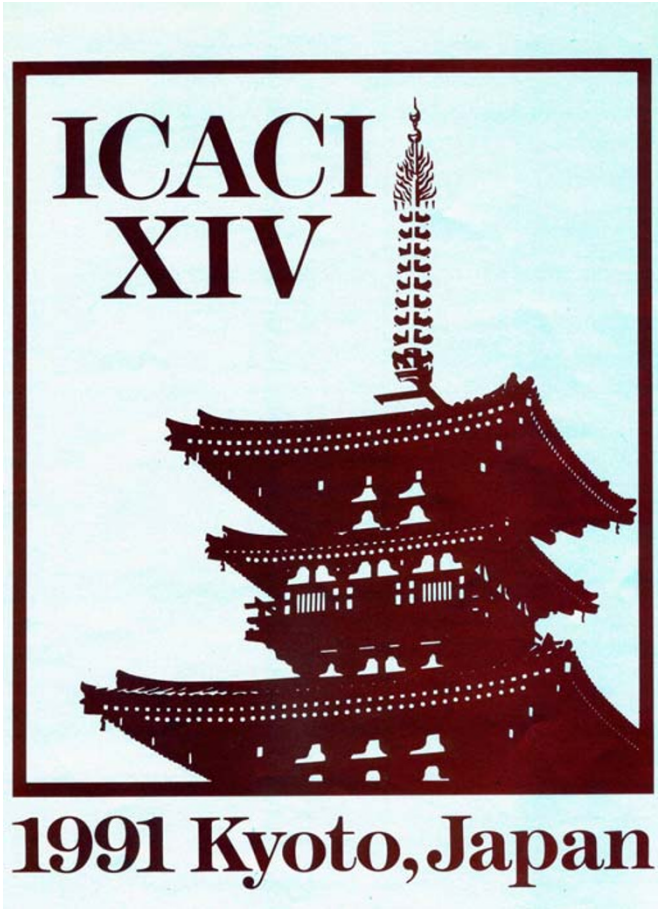

FIGURE 6. Official logo of the XIV International Congress of Allergology and Clinical Immunology, Kyoto, 1991.

S. Wasserman, A. L. Sheffer, and W. E. Pierson), epidemiology and genetics of allergic diseases (K. H. Hsieh, A. Woodcock, B. Björksten, D. Charpin, R. A. Goldstein, T. Takahashi, and T. J. H. Clark), pathophysiology and management of nasal congestion (M. Okuida, P. van Cauwenberge, P. H. Howarth, A. R. Pécoud, and J. A. Grant).[26]

In addition, 581 free communications and 1164 posters were presented. The industry exhibition included 45 exhibitors.[26] The social events included a welcome reception at the Kyoto Main Hall, a quartet concert, a half-day excursion to various temples and Otsu Lake, a Noh theater representation, and a gala reception at the Miyako Hotel.[26]

Author's Personal Comments

The XIV congress was the second IAACI congress organized in Japan in 18 years. By that time, I had become very familiar with that country, which had sent many postdoctoral fellows over the years to my institute in Switzerland. It was therefore a kind of home visit.

The Kyoto setup was particularly conducive to convivial exchanges of thoughts and friendships. As usual, the organization was perfect, and we also had the opportunity to appreciate various aspects of Japanese culture such as a brilliant reception in official gardens and a Noh play.

From a scientific point of view, the new generation of allergologists and immunologists in Japan was very much in evidence. Insular isolation was definitely broken, and the pioneering role of Japanese allergy research was increasingly recognized.

XV International Congress of Allergology and Clinical Immunology, Stockholm, 1994

The XV International Congress of Allergology and Clinical Immunology was held at the Stockholm Congress Center in Stockholm from June 20 to 26, 1994, together with the annual congress of the European Academy of Allergy and Clinical Immunology (EAACI). This provided for the largest allergy congress ever, with more than 6000 participants. The IAACI congress was organized by S. Gunnar Johansson as president of the local Organizing Committee.[27]

The main symposia had the following themes: high-risk asthmatic groups, identification and care, clinical use of clonal peptides, occupational allergy, 15 years with leukotrienes, IgE as a model for immunoregulation, epidemiology, the impact of science on allergy and immunology, cell-to-cell interactions in allergy, the genetic basis for atopy, the role of auto-anti-IgE antibodies, hypersensitivity reactions to drugs, and education and training of allergic and asthmatic patients.[27] Plenary sessions were on recent advances in mechanisms of allergy, new concepts in the understanding of asthma, basic immunology in relation to the development of allergy, environmental impact on hypersensitivity and allergy, new approaches to treatment of allergy, asthma, and hyperreactivity.[27]

Author's Personal Comments

Because the ICACI merged for the occasion with the annual meeting of the European Academy, it provided for the largest allergy congress ever held. Nevertheless, the organization was flawless and the usual blend of scientific and social activities went well. Together with a beautiful season, many aspects of the Stockholm archipelago contributed to create a holiday flavor.

Particularly memorable for me was the gala dinner in the court of the Town Hall where a standing ovation greeted my old friend Jack Pepys, celebrating his 80th birthday. This seems to have been his last public appearance at a large meeting.

XVI International Congress of Allergology and Clinical Immunology, Cancun, October 19 to 24, 1997

The XVI International Congress of Allergology and Clinical Immunology was held in the Congress Center of Cancun (Mexico) from October 19 to 24 under the presidency of A. Oehling and J. C. Huerta-Lopez (Fig. 7). It was well attended by North American participants and gathered a total of more than 4000 delegates. The congress was well sponsored and became a huge financial success for IAACI.[28] The main symposia were on cytokines and chemokines in allergic diseases, advances in atopic dermatitis, cell receptors and adhesion molecules in hypersensitivity, in vitro diagnosis of allergic diseases, IgE synthesis regulating factors and receptors, dynamics and immunopathology of food allergy,

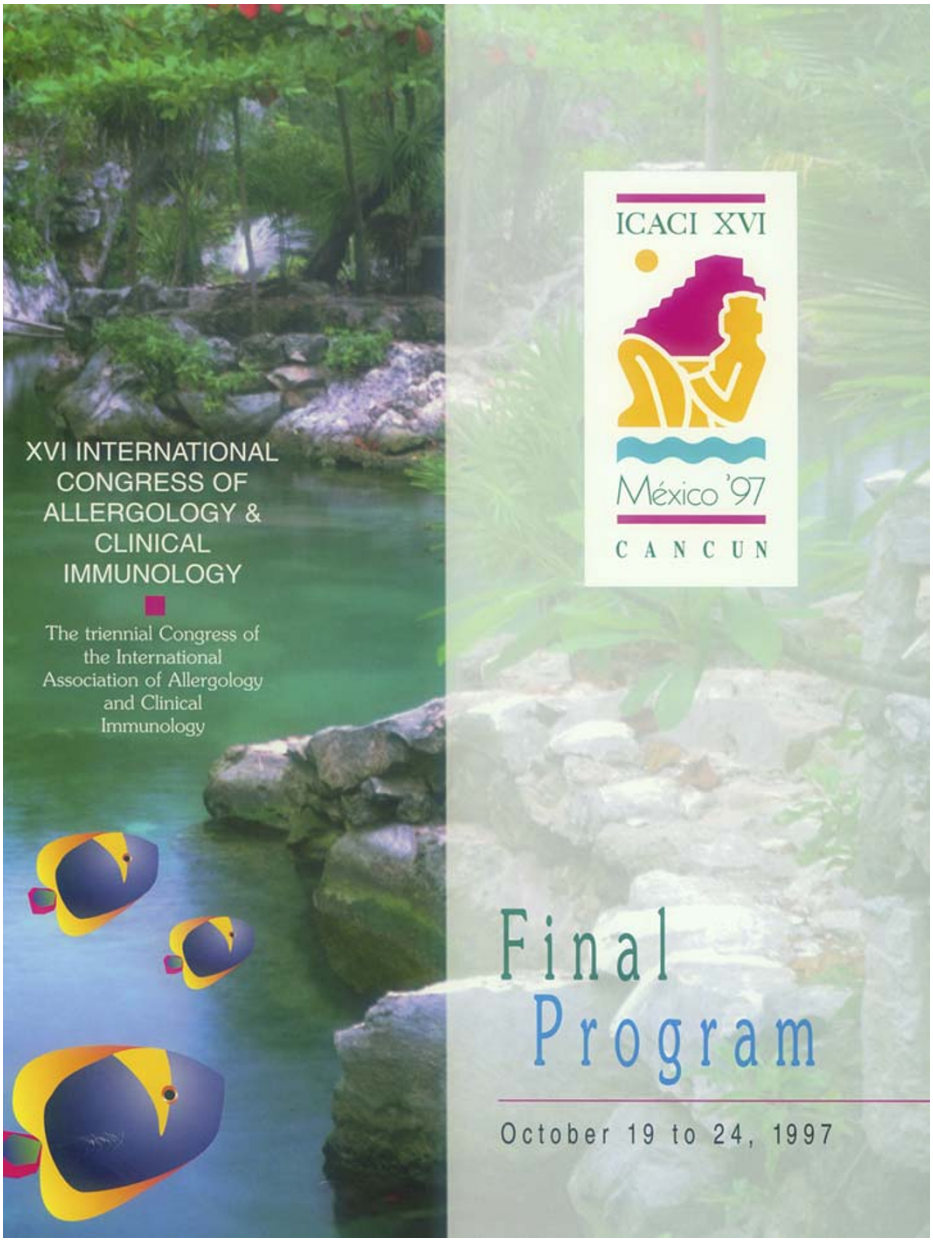

FIGURE 7. Cover of the final program of the XVI International Congress of Allergology and Clinical Immunology, Cancun, 1997.

immunotherapy, genetic basis of allergy, and allergic diseases in Latin America.[28]

Parallel symposia were held on development and maturation of mast cells, basophils, and eosinophils; antigenicity and structure of inhalant and food allergens; and allergic diseases in gastroenterology: mucosal immunity, immunological mechanisms in urticaria, immunological mechanisms in contact dermatitis, neonatal and perinatal factors of asthma and allergic diseases, allergic rhinitis and sinusitis, asthma and infection, intrinsic asthma, recent advances in asthma therapy, neurogenic inflammation and allergy, occupational bronchial asthma, environmental pollutants and allergic diseases, lung function procedures in bronchial asthma, immunodeficiency diseases, allergic diseases in infancy, autoimmune skin diseases, immunopathology of drug allergy, advances in immunopathology of bronchial asthma, ocular allergies, and immunopathology of autoimmune diseases.[28]

Author's Personal Comments

The XIV IAACI congress had first been scheduled to take place in Mexico City, but for various logistical and security reasons, it was decided on rather short notice to displace it to Cancun, on the eastern tip of the Yucatan Peninsula. In that congress, the local and logistical organization was also taken over to a large extent directly by our EDI, which managed a huge success, handling with tact some issues relating to administrative efficiency and local susceptibilities. It was also the last IAACI congress in which I was personally involved in terms of planning and scientific program advisor. If Cancun has very little Mexican flavor, the facilities, the sea,

and the beach contributed to create a pleasant atmosphere and nevertheless a suitable environment for work.

MEMBER SOCIETIES

Historical Development of Membership

Before the foundation of the IAA in 1951, only a few national allergy societies existed or had an existence of more than a few years. These "historical" societies and founding members of IAA included the following:

- The American Academy of Allergy
- The American College of Allergists
- The American Society of Ophthalmologic and Otolaryngologic Allergy
- Asociación Argentina de Alergia e Inmunologia
- Sociedad Argentina de Alergia
- Section on Allergy, Australia
- Société Belge de l' Allergie
- Sociedade Brasileira de Alergia
- British Association of Allergists
- Canadian Academy of Allergy
- Sociedad Chilena de Alergia
- Sociedad Colombiana de Alergia
- Sociedad Cubana de Alergia
- Danish Society for Allergological Research
- Deutsche Gesellschaft für Allergie-Forschung
- Sociedad Española de Alergia
- Finnish Allergy Society
- Hungarian Society of Allergists
- The Israel Society of Allergy
- Associazione Italiana per lo Studio dell'Allergia
- Japanese Society of Allergology
- Sociedad Mexicana de Alergistas
- Nederlandse Vereniging voor Allergie
- Sociedad Peruana de Alergia
- Sociedade Portuguesa de Alergia
- South-African Allergy Society
- Swedish Association of Allergists
- Schweizerische Allergie-Gesellschaft
- Sociedad Uruguaya de Alergia.

Quite a number of national societies were also founded only around the time of the IAA beginnings, and it is difficult to assess which was the hen and which was the egg: a national endeavor and/or the desire to participate in an international movement. Many of the new societies were the initiative of only a few men, who were understandably seeking recognition for a new specialty and for themselves in a rather traditional medical world.

The IAA counted then 29 member societies, originating from Europe (13), North America (3), Latin America (8), Asia (2), and Africa (1). The high density of national allergy societies in Latin America at the beginning is rather striking, but as the records and membership lists show, the seeds were rather thin and only bore real fruits several decades later. In addition, we assisted to a phenomenon specific to Latin America and its sometimes agitated political customs: several national societies split to accommodate conflicting personalities as presidents and would-be presidents. The utmost was Argentina, which claimed at some time up to 4 separate allergy societies.

A historical summary of all IAACI member societies is given in Table 2 and follows the entire evolution. During the first 30 years, membership seems to have remained rather stable because only 4 additions (India, Norway, Philippines, and Yugoslavia) were added to the original list.

Between 1980 and 2000, however, numerous countries created a new national allergy society, which sooner or later joined the IAACI. The admission procedure was by then well established, and the conditions for admission were well defined. If all duplicate or triplicate national societies could not be melted into one, mostly for historical reasons, the trend was nevertheless to admit only truly representative and viable groups. The trend has obviously continued in the last decade (2000–2010), which has seen the admission of about 10 new national societies. At the same time, a number of the original IAA societies had disappeared from the map or were downgraded to the status of associate member (without voting rights), mostly because of lack of activity or failure to pay dues. The evolution of allergy in various countries of the world has been very variable. In some countries like Japan, the growth in membership has been explosive; in others, particularly in Latin America and in some European countries, it has been rather stable. In all, the IAACI counted in 1999 more than 21,500 dues-paying members and made it clearly the largest allergy organization in the world.

An additional phenomenon of the allergy world, particularly since the 1980s, has been the admission as regional organizations of large and active regional groups, such as the Asia Pacific Association of Allergy, Asthma and Clinical Immunology, the EAACI, the Latin American Society of Allergy, Asthma and Immunology, and the Commonwealth of Independent States Society of Immunology and Allergology. In addition, the IAACI, now the WAO, entertains relationships with a variety of affiliate organizations, such as GA^{2}LEN (Global Allergy and Asthma European Network) and INTERASMA. In this way and at this time, it can really be said that the old IAA, now under the name of WAO, has truly become representative of the allergy field all over the world.

Major Allergy Societies

It cannot be the ambition of this historical document to trace the history of all national allergy society members of the IAA/IAACI/WAO. However, because some of these societies have a very interesting history of their own and represent true pillars in the field, I feel it useful to provide a few links to where available to historical information outlining the history of allergy in some major countries.

- AAAAI (http://www.aaaai.org/about-the-aaaai/history.aspx)
- American College of Allergy, Asthma and Immunology
- British Society for Allergy and Clinical Immunology (http://www.bsaci.org/index.php?option=com content &task=view&id=12&Itemid=27)
- French Society of Allergology
- German Society of Allergy (now the German Society for Allergology and Clinical Immunology) (http://dgaki.de/archiv/)

- Netherlands Society of Allergology
- Russian Association of Allergology and Clinical Immunology
- Austrian Society of Allergology and Immunology
- Swiss Society for Allergology and Immunology
- EAACI (http://www.eaaci.net/organization)
- Italian Society of Allergology and Clinical Immunology
- Spanish Society of Allergology and Clinical Immunology.

This list is obviously incomplete, and the documentation could be improved on by the member societies themselves.

EXECUTIVE COMMITTEE AND OFFICERS

The soul of any formal association is constituted by its presidents and its officers. From their qualities and performance, the whole association depends and sometimes, as is the case here, the establishment and recognition of a new discipline. In this respect, historical notes about the men who have directed the IAA/IAACI over the years are of greater interest to the history of allergy than mere reports about meetings and congresses, as above. Biographic eulogies have a tendency to glorify the subject; personal reminiscences are often biased. I shall therefore offer to the interested reader a little bit of both.

Meetings and Functions of the Executive Committee

The initial Constitution and Bylaws of IAA had foreseen an Executive Committee composed of a president, a secretary-general, and a treasurer as officers and 3 vice presidents plus 5 to 7 members-at-large supposed to be representative of the various regions of the world. This structure remained essentially unchanged for the next 50 years (also see section on Constitution and Bylaws Committee). Renewal of the Executive Committee was affected by elections triennially by the House of Delegates; maximal terms of office were foreseen only for the president and the vice presidents (3 years) and the members-at-large (6 years) but not for the secretary-general or the treasurer.

A summary of all members of the Executive Committee during the years 1951 to 2010 is shown in Table 3. This constitution and mode of operation guaranteed stability of the organization but provided also for some inbreeding, in that a relatively small number of individuals were in charge of conducting the business. In the first 20 years, this effect was even reinforced by the fact that the Executive Committee was meeting only once every 3 years, at the time of the triennial IAACI congress. This left in fact the whole power of handling and representation in the hands of the president and the secretary-general. This did not matter very much as long as practically the sole business of the IAACI was to organize congresses every third year. The limited finances anyway did not allow for meetings of officers or of the Executive Committee in between; most IAA business had therefore to be expedited by correspondence.

From the 1980s on, the start of various permanent activities (eg, standardization, education) and the improving state of the finances enticed the Executive Committee to meet more often. The fact that the annual meeting of the AAAAI was increasingly attracting international leaders in the field facilitated matters, provided the opportunity to meet there. Around the end of the 1990s, together with the impending reform of IAACI and permanent worldwide activities within the frame of the WAO, special meetings of the Executive Committee became even more frequent. Schedules and protocols of such meetings are available since 1970 (Table 4). The detailed protocols of the Executive Committee meetings, kept in the IAACI archives, provide the most complete and detailed information about the activities of IAACI.

The House of Delegates

The House of Delegates, according to the original IAA constitution, represents the parliament of the association and is constituted of representatives nominated by the national member societies. The number of official delegates from each society is representative of their size (up to 1991: 1 delegate for up to 300 members, 2 delegates above 300 members; after 1991: 3 delegates above 1000 members). The House of Delegates met triennially at the occasion of the IAACI congress, now biennially at the World Allergy Congress.

The major businesses of the House of Delegates are to formally approve the handling of IAACI affairs by the Executive Committee, which seldom gives matter to serious debate, and to elect the Executive Committee and the officers based on a list of nominees provided by the Nominating Committee and approved by the Executive Committee. This list was usually approved globally and without debate. The only political hot debate in the House of Delegates was usually to select the location of the next IAACI congress, based on several candidate proposals and increasingly professional presentations, a little like the choice of the Olympic Games. At the beginning, the choice was traditionally limited to the country of residence of the acting IAACI president, but this tradition has been broken since the early 1990s, often for logistical, economic, and geographical distribution reasons.

The Presidents: Biographies and Personal Reminiscences

During the first 50 years, IAA/IAACI presidents have mostly corresponded to the same profile: an academically active research scientist known at the international level, a clinical and teaching leader, and the head of an institution or a department providing education in allergy, leaving thereby a lasting school of pupils and future leaders. In addition, the function of president lasting 3 years and being preceded by at least 3 other years as vice president or president-elect, the presidency was of sufficient duration to ensure continuity and leave a mark. This is, in my eyes and experience, the main reason why the IAACI has been successful. Of course, under such circumstances, the choice of a president with professional and international standing and experience becomes crucial.

The various IAA/IAACI presidents from 1951 to 2010 are listed in Table 5. Below are some biographical personal notes particularly concerning those with whom I have been

TABLE 4. IAA/IAACI Executive Committee Meetings

Site	Date	Main Decisions
Montreal	August 11, 1967	IAACI 6000 members
Florence	October 15, 1970	Problems with Nomination Committee—new Environmental Committee
Tokyo	October 19, 1973	Move to add Clinical Immunology—joint standardization with IUIS
Buenos Aires	August 10, 1976	—
New York	March 27, 1977	Lessons from deficit Buenos Aires
Jerusalem	September 11, 1979	Name change Clinical Immunology—support standardization
Ottawa	September 13, 1980	—
London	October 17, 1982	Publication newsletter
Chicago	April 03, 1984	—
New York	March 18, 1985	—
Washington	October 23, 1985	Change venue 1988 from Cannes to Montreux
Washington	February 22, 1987	—
Montreux	October 18, 1988	—
San Antonio	December 03, 1989	IAACI tax 12% on registration fees congresses—revised constitution
Berlin	September 21, 1989	14,000 members; IAACI directory worldwide
Baltimore	March 28, 1990	Perspectives of Allergy program
San Francisco	May 03, 1991	—
Kyoto	October 13, 1991	New constitution
Paris	October 05, 1992	Appraisal of EDI congress responsibilities
Chicago	March 14, 1993	Move 17th ICACI from Mexico City to Cancun
Anaheim	May 03, 1994	Approval special education programs POA
Stockholm	June 18, 1994	Definition of special educational programs—seminars and conference committee
Madrid	June 25, 1995	Dues raised to 5 CHF
San Francisco	March 16, 1996	Relationships with respiratory societies
New Orleans	February 16, 1997	American College refusing increased dues
Stockholm	August 30, 1998	Strategic planning toward Allergy World Organization
Orlando	February 26, 1999	—
Brussels	June 07, 1999	Change IAACI to WAO—profoundly revised constitution

POA, Perspectives of Allergy; CHF, Swiss franc.

personally acquainted, but these personal notes are limited up to the year 2000.

Frederick "Fred" W. Wittich (1885–1965)

Biographic information is available in the archives of the AAAAI and *Annals of Allergy* (1965, volume 23, pages 163–164).

Bernard Halpern (1904–1978)

Bernard Halpern, originally from Russia, became soon after World War II, together with Pasteur Valéry-Radot the pioneer and leader of French allergology. At the head of his own group, he developed an intense fundamental and clinical research activity. In this way, he also became the teacher and promoter of a whole generation of French leaders in allergology and immunology. His work soon became internationally known, hence his decisive commitment to IAACI in its early years, with the organization of the III International Congress of Allergology in Paris, 1958, and his presidency in 1961.

Samuel M. Feinberg (1895–1973)

Samuel Feinberg was for many years heading one of the first academic groups in the United States devoted to allergy at the Northwestern University Medical School in Chicago. He was also one of the major founding figures of the IAA and remained an important pillar of the association during its first 10 years (Fig. 8).

Carlos Jiménez Diaz (1898–1967)

Carlos Jimenez Diaz was a highly respected professor of Pathology at the University of Madrid, who developed broad scientific interests in allergy and immunology (Fig. 9). He was at the time one of the most prominent in the Spanish-speaking world, including Latin America, and was since the beginning one of the most influent leaders in the young IAA, which was crowned by the Madrid Congress in 1964. His spiritual legacy is still felt in Spain (Fig. 9).

Bram Rose (1907–1995)

Bram Rose (information not available at time of publication), whom I had the opportunity to meet for the first time at the 1967 congress in Montreal, was the model of the highly distinguished British gentleman while conveying the hospitality and warm openness of the Canadian. He was at the time the uncontested leader of Canadian allergology and led a department at the McGill University in Montreal, which became a very productive school. He played a decisive role not only in his own country but also in establishing for IAACI the goals of scientific excellence.

Umberto Serafini (1912)

In Italy, Umberto Serafini played likewise a decisive leading and seeding role in the establishment and development of modern allergy and clinical immunology, first in Florence, then in Rome. His influence has lasted for decades,

TABLE 5. IAACI/WAO Presidents (1951–2011)

2010–2011	Richard F. Lockey (United States)
2008–2009	G. Walter Canonica (Italy)
2006–2007	Michael A. Kaliner (United States)
2003–2005	Carlos E. Baena-Cagnani (Argentina)
2000–2003	Allen P. Kaplan (United States)
1997–2000	S. Gunnar O. Johansson (Sweden)
1994–1997	Albert K. Oehling (Spain)
1991–1994	Terumasa Miyamoto (Japan)
1988–1991	Jacques P. Charpin (France)
1985–1988	Alain L. de Weck (Switzerland)
1982–1985	Jack Pepys (United Kingdom)
1976–1979	Enrique Mathov (Argentina)
1979–1982	Carl E. Arbesman (United States)
1973–1976	Tiuzi Sindo (Japan)
1970–1973	Max Samter (United States)
1967–1970	Umberto Serafini (Italy)
1964–1967	Bram Rose (Canada)
1961–1964	Carlos Jiménez Diaz (Spain)
1958–1961	Bernard M. Halpern (France)
1955–1958	Samuel M. Feinberg (United States)
1951–1955	Fred W. Wittich (United States)

and his pupils have formed the scientific backbone of the country. He was personally a prince of the Renaissance, with a great flair for prestigious celebrations and receptions, together with a very personal touch.

Max Samter (1908–1998)

Originally from Berlin, Max Samter immigrated to the United States before World War II and soon became a leader of American allergology. He retained, however, the charm and the culture of the old Europe, as well as its diplomatic skills. But he was also very open to new ideas, to young people, and to a spirit of scientific excellence. He has probably been one of the presidents, together with his wife Victoria, who has most influenced the IAACI and has determined its course, directly and indirectly, for more than 20 years (Fig. 10).

Tiuzi Sindo (1907)

Tiuzi Sindo (information not available at time of publication) was the head of the Department of Allergology at the Institute of Infectious Diseases at the University of Tokyo when he was elected as the first Japanese president of the IAA, after the successful congress in Tokyo, 1973. While well recognized in his country, Tiuzi Sindo was hardly known on the international scene and in former IAACI executive circles. This made it quite difficult for him to leave a real mark in office, despite his kind and consensual nature.

Enrique Mathov

At the time of his election as president of the IAACI, Enrique Mathov (information not available at time of publication) was a recognized leader of allergology not only in Argentina but also in wider Latin American circles. He had been a pioneer in teaching of allergy and clinical immunology. Due to his Russian origin, he differed, however, considerably in appearance and also in spirit from the usual Latin American phenotype. As with his predecessor, he had little acquaintance with the broader international allergy and IAACI scene. Together with a rather authoritarian character and the financial fiasco of the congress in Buenos Aires in 1976, these added factors soon led to various conflicts within the IAACI Executive Committee, which were only really solved after his 3-year presidency period.

FIGURE 8. Samuel M. Feinberg (United States), president (1955–1958).

Carl Arbesman (1911–1982)

As the head of the Allergy Laboratory at the Buffalo General Hospital in Buffalo (United States), Carl Arbesman soon reached a leading position in American allergology, both in terms of teaching and in terms of clinical research. He established a real school with numerous pupils, who have affected a lasting influence on clinical American allergology. Carl Arbesman was an exceptionally kind, open, and friendly personality, very open to the world and actively interested in international exchanges. He played therefore a very active role in IAA, first as secretary-general, then as president. His premature death shortly before the 1982 congress in London was a big blow to the organization (Fig. 11).

Jack Pepys (1914–1996)

Coming originally from South Africa, Jack Pepys established himself after World War II as a leading figure

FIGURE 9. Carlos Jimenez Diaz (Spain), president (1961–1964).

of British allergology. As the head of the Allergy Division of the Brompton Hospital, he engaged for more than 40 years in active fundamental and clinical research in allergy. Many of his contributions and discoveries have remained classical and have durably influenced clinical practice and patient care. Among these, the characterization, identification, and etiological clarification of the group of respiratory diseases known as allergic alveolitis or "farmer's lung" remain probably the most remarkable (Fig. 12).

Jack Pepys became universally recognized as one of the most respected world leaders in our field in the 1980s. Accordingly, he also played a major role in the IAACI for almost 2 decades. His engaging personality, together with his perceptive wit, and the constant support of his lively wife Rhoda contributed mightily in making that couple unforgettable figures.

Alain de Weck (1928)

As a pupil of Werner Jadassohn, a well-known Swiss dermatologist and allergologist, and of Herman Eisen (United States), Alain de Weck established in 1970 the Institute of Clinical Immunology at the University of Bern, which became for the next 25 years a well-known center of allergy and immunology research in Europe. He became early associated in 1970 with the IAACI, in which sequentially as treasurer, vice president, president-elect, president, past president, and historian, he remained associated for 30 years, almost a caricature of longevity in office! With his somewhat unique involvement with international allergology (IAACI) and immunology (IUIS), he contributed to the close links that existed between allergy and immunology during the 1980s, including several

FIGURE 10. Max Samter (United States), president (1970–1973).

concrete projects such as allergen standardization. After an agitated tenure as treasurer, he devoted also much of his energy to put IAACI finances on a stable footing (Fig. 13).

Jacques Charpin (1921–1998)

After the generation of Pasteur Valéry-Radot and Bernard Halpern, Jacques Charpin, originally a pneumologist, became in the 1960s and remained for 30 years the uncontested leader of French allergology. At the Department of Pneumology of the Hospital Sainte Marguerite in Marseille (France), he developed research and educational activities that attracted a large number of pupils and practitioners. His allergy handbooks have remained classical. Accordingly, he became also involved in IAACI activities, ending up as president. Unfortunately, illness prevented him to some extent from leaving his full mark in that office. With his highly distinguished appearance and personality, together with an open mind, Jacques Charpin was the incarnation of the French "patron" at his best (Fig. 14).

Terumasa Miyamoto (1930)

As the head of the Allergy Division at the Department of Medicine and Physical Therapy of the University of Tokyo for more than 20 years and as teacher of a whole generation of

FIGURE 11. Carl E. Arbesman (United States), president (1976–1979).

Japanese allergologists, Terumasa Miyamoto became a towering figure of Japanese allergology, as none before him. At least so it appeared in international circles, where his open personality and his ability to defend his always well-balanced point of view made him a welcome partner. He has been largely responsible for the opening of Japanese allergology and allergists to the world since 1980 and also, through exchange of research fellows, for the creation of numerous personal ties. At the same time, the high quality of Japanese allergy and immunology research broke the linguistic barriers and became known worldwide. This development found its recognition at the excellent IAACI congress in Kyoto, 1991, which Terumasa Miyamoto organized (Fig. 15).

Alberto Oehling (1928)

Alberto Oehling, of German origin but Spanish education, created in 1961 the first specialized Department of Allergology at the University of Navarra in Pamplona (Spain) and remained the director of that institution for more than 30 years. In that position, he exerted considerable influence on the development of clinical allergology but also, through his numerous pupils, in the whole of Latin America. Beyond clinical duties, the department also became a well-known center of allergological research in Europe. No wonder that Alberto Oehling became soon the leading representative of the Spanish-speaking allergy world and involved in IAACI affairs. This was crowned by his presidency of the 1997 ICACI in Cancun (Fig. 16).

FIGURE 12. Jack Pepys (United Kingdom), president (1982–1985).

S. Gunnar O. Johansson (1938)

The first contact of Gunnar Johansson with allergy occurred very early in his medical career where, together with his teachers Wide and Bennich, he identified a myeloma with properties similar to the long-sought natural "regains," characterized about the same time by the Ishizakas. This special class of antibodies, responsible for the majority of allergic diseases under the name of IgE, was a major discovery with multiple clinical applications and consequences. As the head of the allergy group of the Department of Medicine at the Karolinska Institute in Stockholm (Sweden), Gunnar Johansson remained a pillar of allergy and IgE research for 3 decades. Since 1990, he became also actively engaged in IAACI affairs. He has been largely responsible for the reforms and orientation that have led the old IAACI toward the new WAO since 2000 (Fig. 17).

The General Secretaries and Their Terms in Office

Charles H. A. Walton (1958–1966)

Charles Walton was a fellow of the American and Canadian allergy societies. He served on the Medical Council of Canada, including president, from 1970 to 1971.

A. William Frankland (1967–1970)

A. William Frankland has been a leading clinical allergologist in the United Kingdom for more than 50 years and to a large extent responsible for the recognition of allergy in that country. I last met him at the World Allergy Congress in Munich in 2005. He is still going strong at the mature age of 95.

FIGURE 13. Alain L. de Weck (Switzerland), president (1985–1988).

Carl E. Arbesman (1970–1973)

See his biography in the section on presidents.

L. L. Henderson (1973–1985)

L. L. Henderson was for many years the head of the Allergy Division of the Mayo Clinic in Rochester (United States), one of the major training centers in allergology. He served the IAACI for an unprecedented 5 terms, 1 as treasurer and 4 as secretary-general. His competence and dedication made him totally identified with the association.

Oscar L. Frick (1985–1991)

Oscar Frick is a pediatrician allergologist and was the head of pediatric allergology at the University of California at Los Angeles (United States). Beyond a successful career within the AAAAI, he soon developed an interest for international affairs and for IAACI, where he became a prominent American delegate.

FIGURE 14. Jacques P. Charpin (France), president (1988–1991).

FIGURE 15. Terumasa Miyamoto (Japan), president (1991–1994).

Allen Kaplan (1991–1997)

Allen Kaplan, after an initial training in Boston under Frank Austen, became a well-known research scientist in the field of allergy mediators. He also soon developed international contacts and ties, which brought him to various leading positions within the IAACI, culminating with the presidency in 2000.

Carlos E. Baena-Cagnani (1997–2000)

Carlos Baena-Cagnani, as an allergologist residing in Cordoba, Argentina, soon acquired a reputation in Argentinean and Latin American allergy associations. He became one

FIGURE 16. Alberto K. Oehling (Spain), president (1994–1997).

FIGURE 17. S. Gunnar O. Johansson (Sweden), president (1997–2000).

of the most prominent Latin American delegates within the IAACI, which culminated in the presidency in 2003.

The Treasurers

E. Bruun (1958–1967)

E. Bruun was at the time the most prominent clinical allergist in Denmark and an uncontested leader of the field in his country. He was also the founder of one of the first allergy journals, *Folia Allergologica*, later the main *European Journal of Allergy*.

L. L. Henderson (1967–1970)

See biography as secretary-general.

J. A. Jamar (1970–1973)

J. A. Jamar was at this time a prominent Belgian allergologist, well appreciated in European and international circles. He disappeared much too prematurely from the scene and IAACI.

Alain L. de Weck (1973–1979)

See biography in section on presidents.

Israel Glazer (1979–1985)

Israel Glazer is a clinical allergologist practicing in Tel Aviv, with an extended network of international colleagues and friends. He was associated for several years with the IAACI and successfully organized the congress in Jerusalem in 1979.

Robert J. Davies (1985–1994)

As a younger colleague of Jack Pepys and an established researcher and teacher in allergology, Robert Davies played an important role in the organization of the London Congress in 1982. In recognition of his organizational skills, he was appointed IAACI treasurer in 1985, a position that he kept for an unprecedented 3 terms.

Michael A. Kaliner (1994–2000)

Michael Kaliner was the head of the Allergy Laboratory of the National Institutes of Health in Bethesda (United States) and then was the head of the Asthma Clinic at the Washington Hospital and has played a prominent role for decades in fundamental and clinical allergy research. He also became closely tied with the IAACI in various offices, culminating with the presidency in 2005. He was also one of the main architects of the 2000 IAACI reform and its transformation into the WAO. He is the current historian on the WAO Board of Directors.

IAACI COMMITTEES

For its first 40 years of existence, IAACI committees, as established and prescribed by the constitution, were the only instruments responsible for IAACI activities and vehicles of its influence on the allergological world. It must be acknowledged that for the first 30 years, until the 1980s, IAACI committees were mostly paper tigers with very few teeth and concrete results. This was due to the fact that these committees could only meet in person every third year at the time of IAACI congresses and that business had to be achieved by correspondence. Furthermore, the position of IAACI committee member was largely honorary, nomination being proposed by the president and approved by the Executive Committee, often more based on regional representation than personal commitment to the task. Nevertheless,

it was often by work in the committees that several young leaders emerged and left their mark, ultimately as members or officers in the Executive Committee.

Matters began to change in the 1980s, where some committees started very concrete projects such as in standardization and education, often in cooperation with other international organizations (eg, IUIS, WHO). In the 1990s, beyond and aside of the "legal" IAACI committees, several special programs developed (eg, World Allergy Forum, Perspectives of Allergy, GLORIA), often with their own advisory boards.

Nominating Committee

According to the original IAACI constitution and practically for 50 years, the role of the Nominating Committee merely was to nominate every third year the officers and members of the Executive Committee to be elected by the House of Delegates. The committee was chaired by the departing president, who had thereby a decisive influence on his own succession. It was composed of 12 members who represented 4 regions (Europe, North America, Latin America, and Asia) and were nominated by the president. For the appearance of better democracy and representation, the 12 members of the Nominating Committee were in general not members of the Executive Committee but were then also little familiar with IAACI affairs.

The Nominating Committee had an important impact on the future of the association. As indicated by an abundant correspondence, the nominating procedure often gave matter to intense discussions behind the scenes, and this correspondence is quite revealing about personalities and trends of the time. It sometimes, but seldom, reflected real clashes. At the end, the Executive Committee, based on the proposal of the Nominating Committee, always proposed a full slate, which was usually approved globally without discussion by the House of Delegates.

There is no doubt that this procedure favored some degree of inbreeding and gave a long and lasting influence to those presidents who had the diplomatic skill and the interest to use that power. But it also provided for the continuity in policy, which the establishment of new disciplines at the time absolutely required.

Credentials Committee

The Credentials Committee is in charge of checking whether societies applying for membership to WAO are established in good standing and fulfill the conditions for membership set forth by the association. These conditions have somewhat changed with time, becoming more rigid, in particular about the minimal number of 30 members and the demonstration of regular activities and periodical elections. In this way, the WAO has attempted to avoid loading the association with ephemeral groups reflecting merely the ambition of their president and sole founder, as happened sometimes in the past. The state of activity and size of the member societies over time are well reflected in Table 2.

For some time before 1990, much debate was held about individual membership in the IAACI for allergologists active in a country where no allergy society existed. This category of members has always remained very small, below 20, and it was abolished in 1991.

Standardization Committee

Allergens, the required diagnostic and therapeutic working tools of the allergist, being extracts from various and complex biological sources, have been since the beginning very heterogeneous biological mixtures. This has resulted not only in qualitative but also in quantitative insecurity because the biological potency of allergens could not be determined in a meaningful manner. This state of affairs resulted not only in dangers and difficulties for the patients but also in wide differences in manufacturing quality and market regulation.

Despite numerous paper studies and expressed wishes about allergen standardization, very little was done concretely about it until 1977. At that time, under the impulse of some regulators (H. Baer and B. Brighton), manufacturers (B. Guérin), consumers (P. Norman and A. de Weck), and scientists (H. Loewenstein), a new effort was started in the form of a joint Allergen Standardization Committee between the IAACI and the IUIS. This committee developed an original approach to the problem in several ways. First, it encompassed all professionals directly concerned by allergens: the manufacturers, the consumers (allergists), the scientists studying allergen structures, and the regulators setting up criteria for access to the market. Second, the purpose of the committee was not only to talk or write about it but also to do something very concrete to harmonize and standardize allergen manufacture, analysis, and regulation worldwide.

In a first step, the committee endeavored to standardize the methods used to analyze allergens qualitatively and quantitatively, which had been made possible by new technologies (radioallergosorbent inhibition, immunoblotting, etc.). Second, it established the goal to produce allergen preparations suitable as International Standards of reference, useful for quality control of allergen manufacture and also for regulation purposes. Such standards would be evaluated and validated by multicentric studies. Hence, a considerable scientific and financial effort was performed in the 1980s, culminating in the establishment of some International Standards or Reference Preparations.

The allergen market represented at that time about US $300 to US $400 million worldwide, and the main incentive for manufacturers and regulators to support actively the IUIS/IAACI standardization program was the hope to achieve worldwide unity in qualitative and quantitative evaluation and regulation of allergens. Unfortunately, it became clear after about 10 years that this goal had not been achieved. Retrospectively, several reasons were responsible for this relative failure. The first one is that due to the complexity of the problems, some of the preparations proposed as International Standards were found to have some flaws and were not universally accepted as references, particularly by some perfectionists. The second is that some regulators, under the pressure of national considerations, could not wait for the coordinated international process to be completed but started

to edict new regulations and standard procedures of their own. This was particularly the case for the USFDA, which became very active around the end of the 1980s and developed a whole set of procedures and standards independently. This American move ultimately prevented harmonization between Europe and the United States. Thus, the main incentive for manufacturers to support the program disappeared, and the ensuing uncertainty even enticed some manufacturers to develop criteria and unitages of their own as marketing arguments, adding thereby to the confusion. Nevertheless, there can be no doubt that the activities of the IUIS/IAACI Standardization Committee between 1980 and 1995 have contributed decisively to improvement in quality control, manufacture, and market regulation of allergen. While the potency of marketed allergens could in the 1980s vary by a factor of 1000 under the same tag, this variability has been reduced to a factor of 2 to 5, considerably reducing the risks for the patients and improving the efficacy of specific immunotherapy. Besides the development of allergen standards and procedures, the IAACI/IUIS Allergen Standardization Committee has also mightily contributed to the field in educational terms, sponsoring in 1979 the Paul Ehrlich Seminar, the first and only specialized meeting devoted to standardization and regulation of allergens.

Since the early 1990s, new technological approaches such as monoclonal antibodies and recombinant allergens have opened new possibilities for standardization. The IAACI supported this development by organizing a course in Vienna, 1995, to disseminate these technologies among scientists and manufacturers. Around 2000, a European Union–supported project (CREATE) was also started with the goal to develop such new technologies as standardization tools. This project has revealed even more complexities in terms of physicochemical identities and immunological properties of allergens, genetic responses of the patients, and viability of the procedures used. For perfectionists, the amount of work to be done on each extract seems to exceed the financial limits set by a limited market. It seems therefore clear to a pragmatic eye that compromise and a sense of reality will have to inspire consumers and regulatory authorities.

It seems nevertheless regrettable that since 2000 both the IAACI and the WHO have apparently, in the eyes of this involved historian, definitely dropped standardization from their priorities. Standardization, which was still a strategic goal in the early strategic plans of 1998, was formally dropped in 2000. And the IAACI/IUIS joint effort seems to have ceased as well, possibly because few or no IAACI executive members have ever been personally actively engaged in that field, as was the case before. The recent reports of WAO on allergen standardization do not testify to active and concrete involvement of WAO in that field any more. It must be recognized that the increasingly complex matter probably discourages all but a few specialists and also that concrete work on allergen standardization is difficult to finance because the financial interest of the industry in that field is rather marginal.

Nevertheless, the high quality of allergens is a prerequisite for a high-quality allergy practice, and it remains in my view regrettable that IAACI, which had made mighty contributions in the 1980s, has apparently not maintained that strategic priority. The same can be said for the WHO, which had strongly supported the IUIS/WHO effort in the past but has obviously switched priorities. Since 2000, allergen standardization and standardization in allergy no longer figure on the agenda of the WHO Expert Committee on Biological Standardization or of the Department of Vaccines and Biologicals, as was the case before. These are the international groups responsible for biological international standardization in medicine at the world level.

Training and Specialization in Allergy Committee

At the time of the foundation of the IAA in 1951, most national allergy societies were of very recent origin and practically none of their members had been trained as allergists but as pneumologists, dermatologists, otorhinolaryngologists, microbiologists, and so on. Allergy was also not part of the curriculum for medical students.

It is therefore no wonder that training in allergy and recognition of allergy as a medical specialty or subspecialty became a major interest for the IAA. This was the start of a long struggle with varying degrees of success because resistance to change and move from tradition can be quite strong in academic circles. Progress was therefore erratic and varied from country to country. Nevertheless, over the past 30 years, allergy as a topic for medical teaching and as a practical medical specialty has been increasingly recognized throughout the world. After 60 years, the struggle for recognition of allergology as a medical specialty or subspecialty is not yet over in various countries of the world.

A major factor for higher awareness has been the increasing recognition of allergic diseases as a serious public health problem by various national and supranational authorities, in particular documents and guidelines provided by the WHO in cooperation with the IAACI and IUIS. On that basis, national allergy societies have seen their initiatives and requests to their own national public health and academic authorities well supported.

Since the 1990s, the IAACI/WAO has taken the responsibility of extending the information and teaching of allergy not only to allergists but also to other medical specialties, to paramedical personal (eg, nurses), to the allergic patients, and to the general public. Manifestations such as the World Allergy Day (now the World Allergy Week) or the World Asthma Day are examples of these new kinds of activities. Education in allergy at various levels has become a major strategic goal. Another activity of this type, in which the IAACI/WHO participated, is the WHO Global Alliance against Respiratory Diseases (GARD) program. All these represent a considerable personal and financial effort. Its impact may only be middle or long term and is difficult to measure and evaluate. For other special educational IAACI programs, such as the Perspectives of Allergy or World Allergy Forum, started by the IAACI in the 1990s (see below) and funded through unrestricted educational grants from pharmaceutical companies, the operations were in general

directed by ad hoc advisory boards rather than by the IAACI Committee on Specializiation and Training.

Editorial Committee

For almost 40 years, the role of the Editorial Committee was reduced to supervising the publication of the Proceedings of the International Congress on Allergy and Clinical Immunology triennial congresses. Since for a number of years, the publishers of such proceedings changed, often following the whim of the local congress president, little continuity in editorial procedures and presentation could be achieved. This improved somewhat between 1988 and 2000, in which the same publisher (Hogrefe & Huber) could establish a series with the same publication standard.

Another task of the Editorial Committee was to supervise the production, at some periods, of an IAACI newsletter. These were quite irregular, never more than once a year. The longest effort in that respect was that originated and maintained by Max Samter under the heading *Horizons*, appearing irregularly between 1980 and 1988. Since the arrival of Internet and a Web site for the IAACI/WAO, regular news contributions have considerably improved communication to and among members.

In 1988, the IAACI took the initiative, supported by the publisher Hogrefe & Huber, to create a bimonthly journal under the name first of *Allergy and Clinical Immunology News*, then *Allergy and Clinical Immunology International*. This adventure was successfully pursued for 20 years (see below) until it was replaced by the *World Allergy Organization Journal* (*WAO Journal*), which is an online-only journal.

Awards Committee

Like most societies and associations, the WAO has endeavored to offer special recognition to some of its most distinguished members and to some individuals who had played an important role in the development of the field. In the early days, this was done in the form of honorary membership. The list of IAA honorary members in 1970 included the following 16 personalities: A. F. Coca (1951), Sir Henry Dale (1951), R. Doerr (1951), C. Frugoni (1951), D. M. Heidelberger (1951), P. Karrer (1951), R. Otto (1951), P. Portier (1951), R. Rössle (1951), B. Schick (1951), F. Wittich (1961), F. M. Rackeman (1961), C. Jimenez Diaz (1964), S. M. Feinberg (1961), H. Osgood (1961), and P. Valéry-Radot (1964).

Since 1970, no honorary memberships have been granted but 3 types of awards have been created. *Achievement Award*: This award is bestowed on individuals having distinguished themselves by important scientific contributions to the field of allergy and clinical immunology. *Henry Hyde Salter Award*, named after a well-known British asthmologist from the 19th century, destined to clinical allergologists having distinguished themselves as clinicians and clinical teachers. *Distinguished Service Award* for people having performed particular service to the association. The list of awardees from 1971 to 2000 is available in Table 6.

TABLE 6. IAACI Awardees (1971–1997)

IAACI Awards (1971–1997)	Florence (1970)	Tokyo (1973)	Buenos Aires (1976)	Jerusalem (1979)	London (1982)	Washington (1985)	Montreux (1988)	Kyoto (1991)	Stockholm (1994)	Cancun (1997)
IAACI Achievement Award		A. W. Frankland	B. Rose	A. L. de Weck	I. Glazer	J. Pepys	E. Mendes	M. Samter	S. Holgate	A. Kaplan
		E. Bruun Negreiros	M. Samter	L. L. Henderson			S. G. Cohen		K. F. Austen	O. L. Frick
		M. Ricci	U. Serafini	T. Sindo			G. D. Barkin		R. Geha	
		B. Halpern	B. Halpern				R. A. Goldstein		T. Ishizaka	
		F. Lahoz								
Henry Hyde Salter Award		F. Rackeman		S. C. Bukantz	J. Jamar	G. Blumstein	E. Fuchs	J. Charpin	T. Miyamoto	P. Norman
		M. Murray Franklin		F. C. Lowell		L. Criep	J. Morrisson-Smith	A. L. Sheffer	A. Oehling	F. B. Michel
		G. Ruiz Moreno		W. J. Quarles van Ufford		L. Tuft	J. Salvaggio			
IAACI Distinguished Service Award		K. Ishizaka		M. W. Chase	B. Samuelsson	Z. Ovary	A. Capron	T. Kishimoto	A. L. de Week	S. G. O. Johansson
		T. Ishizaka		R. P. Orange	C. Milstein		T. Tada	L. M. Lichtenstein		S. Galli
		F. MacFarlane Burnet			G. Kohler		K. F. Austen	A. B. Kay		
								S. Romagnani		

Environmental/Aerobiological Committee

When it was realized how much the indoor and outdoor environment may influence the epidemiology of allergic diseases, it was decided to create a committee to provide comparative studies at the international level. One of the major and most fruitful initiatives has been to organize special workshops on house dust mite allergy. This was at the time a very important topic clinically since responsible for many respiratory allergies but at the same time some kind of orphan problem. Involved are not only clinicians but also entomologists, mite specialists, insecticide producers, household technicians, and the like. These groups had normally very little opportunity to meet. A series of "mite workshops" ensued, the first in Oxford in 1985, the second in Bad Kreuznach in 1987, and the third in Cuenca in 1995. These workshops have mightily contributed to our knowledge about dust mite allergies and about the development of new means to control them.

CONSTITUTION AND BYLAWS COMMITTEE

The first IAACI constitution of 1951 was largely inspired from the Anglo-Saxon jurisprudence. It was rather formal and rigid, providing numerous fixed rules in the nomination and electoral procedures.

There were then many years where the Constitution and Bylaws Committees had nothing to do. However, some pragmatic changes were introduced stepwise, mostly to enable the Executive Committee to take some unforeseen initiatives, such as creating new committees, setting up special projects and meetings, redefining criteria for membership, and modifying slightly the electoral rules. The 1991 constitution was therefore still very similar to the original one.

Matters changed drastically in 1998, when under the impulse of Gunnar Johansson, the IAACI president, and Richard Lockey, chair of the IAACI Constitution and Bylaws Commission, a broad discussion was engaged about a strategic plan for the IAACI and a new constitution. For the first time, a detailed discussion and a record of various individual opinions were kept, providing interesting insights into the strategic perspectives of IAACI. This ended up in a proposed new constitution, which was then adopted at the Sydney Congress 2000.

The major changes in that constitution included the following:

- the term of IAACI Congresses and Executive Committee (renamed the Board of Directors) elections to a 2-year rotation instead of 3;
- the change of name IAACI to WAO;
- new definition of mission as "a global alliance of allergy societies to advance excellence in clinical care, research, education, and training";
- incorporation according to Wisconsin (United States) law instead of Swiss law;
- 3 categories of members: full members, affiliate (voting), and associate (nonvoting);
- better definition of membership rules (application and maintenance in good standing);
- meetings of the Board of Directors at least once a year.

From this historian's point of view on the first 50 years of IAA/IAACI/WAO, there is no doubt that the change from the 20th into the 21st century brought with it some drastic changes in the structure, the mission, and the perspectives of the old association. The changes were well prepared and extensively discussed, although the formal consultation process did not include most of the older officers and Executive Committee members who had been in charge in previous years. Some would probably have manifested additional remarks and amendments. But reforms are seldom achieved by old people. It will be the task of the 21st century WAO historians to evaluate whether the new directions have brought full satisfaction or whether some of the old strategies might deserve renewed consideration.

SPECIAL PROJECTS AND THE WHO

Until 1976, the IAACI had practically no other activities than its triennial congresses. In 1977, under the sponsorship of the WHO and in association with the immunologists of the IUIS, it started an ambitious allergen standardization program, with the goal to establish WHO-recognized International Reference Preparations and to unify worldwide regulation and unitage of allergens. Also together with the same partners, the IAACI developed new concrete approaches for defining teaching in allergy and clinical immunology.

This led naturally to a broader involvement in medical and allergy education, not only for the allergists themselves but also for other specialties, for allied health professionals, and for the general public. This led to the development of special educational programs, some solely sponsored by the IAACI and others in cooperation with the WHO.

As programs solely sponsored by IAACI must be particularly mentioned *Global Aspects of Allergy and Asthma*, *Perspectives of Allergy*, and *World Allergy Forum*. These programs were made possible by sizable financial contributions from some pharmaceutical companies, which saw in them potent indirect marketing tools. The Perspectives of Allergy program enabled the WAO to organize special allergy workshops, courses, and sessions between its own congresses, either on their own or as part of a congress of another international group (eg, European Respiratory Society). It also produced a strategic paper on education in allergy, the so-called Meadowood Manifesto.

The World Allergy Forum program had similar educational purposes but was restricted to the allergy community and endeavored to support WAO regional member societies by financing symposia at regional allergy meetings. This program started in 1996.

Among the programs jointly sponsored by WHO and IAACI, organized since the 1990s, figure GARD, GLORIA—the Global Rhinitis Initiative (a WAO program which WHO was invited to participate in but declined), and ARIA. These programs were developed to produce educational materials and internationally recognized guidelines for the management of rhinitis and asthma. However, GLORIA expanded to become the Global Resources in Allergy program of the WAO and now

encompasses all themes in allergy. The discussion of IAACI/WAO special projects brings into focus the historical perspectives of relationships with the WHO.

As an official expert in immunology of the WHO (1973–2003) and directly involved in the recognition of the IUIS as a nongovernmental organization (NGO) in official relationships with the WHO, I have been associated from the inside with most activities of WHO concerning allergy and immunology (allergen standardization and regulation, vaccine development, parasitic diseases, acquired immunodeficiency syndrome, antifertility vaccines, etc.) for almost 30 years. In the past decade, I have continued to follow these from the various WHO reports and notices on the Web. In view of the essential role of the WHO in public health worldwide, I believe therefore that a historical note about the relationships between the WHO, the IAACI, and allergy in general is of medical historical interest.

The interest of the WHO for immunology, particularly in the fields of vaccination against epidemic (eg, smallpox eradication, poliomyelitis) and parasitic diseases, arose quite early in the 1950s and 1960s. This interest was documented by the establishment of an Immunology Unit at the WHO Geneva headquarters, first under the direction of Howard Goodman, then Giogio Torrigiani, and Paul-Henri Lambert. It was also manifested by the creation of the whole network of immunology institutes, particularly in Africa, devoted primarily to diagnosis, prevention, and therapy of parasitic diseases. At that time, intense cooperation had developed between the IUIS, IAACI, and WHO, helped by the fact that many scientists in executive positions in these associations were also personally and directly involved in those WHO projects. The majority of these projects had very concrete goals for improving public health, including the development of products and reagents (vaccines, allergen standards, immunological standards, evaluation of new diagnostic technologies, guidelines for manufacture and quality control, antifertility vaccines, etc.).

It is obvious from the study of the WHO and WAO reports since about 2000 that priorities and organization have somewhat switched from the previous decades. Projects with impact on allergy and immunology have been rebaptized in terms of "Global Alliances or Global Programs," and responsibility for these programs has been attributed to various WHO departments (eg, Vaccines and Biologicals, Noncommunicable Diseases). At the same time, the number of allergy associations and societies participating in WHO programs has dramatically increased, a welcome process in terms of worldwide representation but possibly a nefarious one in terms of efficiency.

At present, the most imposing WHO program related to allergy seems to be GARD, which includes almost 200 national and international organizations (WAO is only one of them). But a striking point in most of these efforts is that the main emphasis has been put on the production of paper (or electronic) guidelines and educational materials rather than on direct development of new products and technologies.

At the end of the 1990s, the IAACI had set as a major priority the strengthening of its ties with the WHO and in particular to be recognized by the WHO as an NGO in official relationships, like the IUIS and a number of similar medical organizations. Such a status has numerous advantages, such as active participation in WHO affairs and strategic planning. In 2000, the manifested intention of the IAACI was clearly to become the privileged partner of the WHO in terms of worldwide allergy. This was also a major motivation for the transformation of the IAACI into the WAO. The Prevention of Allergy and Allergic Asthma program started in 2002 as a joint WAO/WHO venture. Funded by the WAO, this project resulted in a joint meeting report but led eventually, as a result of changes in WHO policy, to the publication of a book by the WAO in 2004, without the involvement of the WHO. A decade later, one must recognize that this effort at collaboration has largely failed. In 2010, the IAACI still does not figure on the list of WHO-recognized NGOs. Worse, the main relevant WHO program in allergy, GARD includes WAO only in a crowd of national societies and other groups. Most of the prominent leaders in GARD represent other allergy groups and have no executive function in WAO. This regression, in respect to the close relationship between the WHO and IAACI, which existed from 1975 to 1995, is due to several factors.

One factor in the failure of the relationship is that most IAACI officers or directors were no longer personally involved in WHO affairs. The other is the evolution within the WHO itself. While for more than 30 years allergy and immunology were coordinated by a single WHO Immunology Unit, the field is now divided under several headings and departments. Accordingly, the paradox seems to be that allergy as a discipline no longer has at WHO the same priority, as was the case 30 years ago, despite its increasing significance in public health. This is compounded also by the fact that a number of very concrete public allergy programs and projects, such as GA^{2}LEN, CREATE, or PREVALL, are supported by the European Union, outside the WHO and WAO organizations.

To my view as a historian, now obviously as an outsider, this evolution is regrettable, more for WAO than for WHO, which will always find the experts it needs. But there is little doubt that the IAACI, now the WAO, has in the past 10 years lost the preeminent place in allergy, which it played at the WHO in earlier years. This may be compensated in part by a larger role in terms of production of guidelines, educational materials, graduate courses, and establishment of numerous new national allergy societies, particularly in emerging countries. But the WHO remains the main channel by which medical affairs may be effectively and durably influenced, and the current state of apparent mutual benign neglect should be, in my view, addressed effectively.

ORGANIZATION AND FINANCES

Executive Secretariat

Until 1967, the IAACI was not a professional organization relying on the services of a permanent professional secretariat. All administrative duties (correspondence with member societies, congress organization, levy of member contributions, etc.) were performed by the personal secretariat of the current president and/or secretary-general.

After the 1967 Montreal Congress, which had been largely organized by a local Canadian professional company directed by Sue Edwards, that company (Executive Directory Ltd) was retained by the IAACI to create and manage a permanent secretariat, and the position of executive secretary was created. This was a small operation but sufficed at the time to administer IAACI affairs, which amounted to a little more than organizing a congress every third year. However, at the occasion of the 1976 Buenos Aires Congress, due to illness and absence of Suzanne Edwards, the system broke down and I was left alone as treasurer to pick up the pieces.

The Executive Directory company was transmitted to Mr R. O'Neal (Executive Suite Ltd), who was appointed by the IAACI as replacement at the Jerusalem Congress of 1979. Unfortunately, this new executive secretariat proved totally dysfunctional and even committed various improprieties, which obliged some members of the Executive Committee to unusual legal steps to protect still meager IAACI assets.

After evaluating various proposals, the Executive Committee decided to trust its administrative affairs into the hands of the EDI, chaired by Mr R. O'Neil in Milwaukee (United States). The company had been managing the business of the AAAAI for a number of years. This was obviously an excellent choice because the EDI still is the seat of WAO secretariat after 28 years of operation. In particular, the EDI took an increasing role in managing and finding finances for numerous special projects, as mentioned above. In the organization of WAO congresses, the EDI took a useful supervisory and advisory role, ensuring a welcome continuity. In some congresses, particularly on the American continent, it took the main administrative responsibility for the congress organization (Washington, 1985, and Cancun, 1997). The EDI has therefore taken since 1982 an important part in the extension and development of the IAACI/WAO and ensured administrative and conceptual stability during varying presidencies. The incarnation of that role was for more than 15 years Rick Iber from EDI, a man with remarkable professional and diplomatic skills.

At this time where WAO, as successor of the IAACI, is increasingly engaged in various activities requiring administrative and conceptual support, the role of the executive secretariat remains essential. The more as the shorter 2-year tenure in office is bound to make WAO officers less knowledgeable about WAO affairs and less efficient in long-term endeavors.

Finances

In its first 30 years of existence, IAACI finances were run on a shoestring and were a constant source of worry for those in charge. The only source of revenue was membership dues, fixed in 1951 at 2.50 Swiss francs per member and never raised in 40 years! The constant reevaluation of the Swiss franc in respect to other currencies attenuated somewhat the stagnation in dues. But during all the years between 1950 and 1976, the IAACI assets oscillated between US $40,000 and US $50,000 and so the Argentine debacle of 1976 with its US $36,000 deficit almost wiped us out. In 1994, the dues were raised for the first time to 5 Swiss francs per member, a move that created some bad blood, soon resorbed, among some of the member societies. But it also considerably ameliorated the fixed financial basis of the association. From there on, the basic annual budget oscillated between US $100,000 and US $150,000 (Table 7).

Around 1980, the budget of the triennial IAACI congresses had increased from US $200,000 at the onset 1970 to the US $600,000 range. The IAACI was by constitution pocketing eventual congress profits but was also fully responsible for losses. My time as IAACI treasurer made me acutely aware of the risks incurred by an association managing million dollar events while holding only US $40,000 assets. Since then, one of the major financial goals has been to ensure steady profits from the IAACI congresses, by various means (levy of a 12% IAACI due on registration fees, optimization in the quest for sponsors and exhibitors, strict control of expenses, etc.). Indeed, between 1988 and 2000, the IAACI congresses saw their budgets increase to about US $3 million and their profits rise accordingly. In addition, special contributions by the pharmaceutical industry, particularly for defined educational programs (eg, Perspectives of Allergy), funded important special projects and contributed to increase the IAACI budget and profits. By 2000, the

TABLE 7. Summary of Finances (1967–1999)

Evolution, Date	Finances IAACI (1967–1999), Net Worth (US $)
1967	44,000
1968	44,461
1969	46,446
1970	47,178
1971	60,228
1972	60,104
1973	64,000
1974	—
1975	68,711
1976	—
1977	31,000
1978	—
1979	70,423
1980	79,825
1981	74,946
1982	102,000
1983	136,043
1984	149,201
1985	149,200
1986	154,111
1987	154,100
1988	161,998
1989	371,366
1990	343,000
1991	228,410
1992	243,072
1993	348,878
1994	557,219
1995	491,125
1996	548,391
1997	1,217,631
1998	703,113
1999	—

IAACI was financially in a comfortable and secure position, able to undertake the various activities encompassed by the new WAO vision.

Finance and Audit Committees

The Finance and the Audit Committees were small groups, usually composed of the president and the treasurer and a few individuals believed to be financial wizards. Their role was to advise the Executive Committee about the budget, the management of IAACI assets, and the soundness of its accounting.

Having been involved in such IAACI activities for many years, I must recognize that these committees, like for many medical associations, play a perfunctory role and do not have the means to give professional advice and control. The life of these committees was therefore rather quiet, with the exception of the enforced change of executive secretariat in 1982 and the aftermaths of the 1976 Argentinean debacle.

PUBLICATIONS

Congress Proceedings

For many years, the only publication of IAACI was the Proceedings of the IAACI Congresses, usually appearing as a book, many times some months or even a year after the congress. Such volumes were supposed to reflect the state of the art and of science at the time. Some indeed may be considered as such and still constitute very valuable sources of information for present and future historians of allergology and immunology.

But a weakness is that, in early times, publishers were chosen by the congress presidents, often related to convenience and local relationships. No guidelines were provided to the editors for content or presentation. Therefore, no unity of following editions ensued.

Between 1988 and 2000, this continuity was achieved in cooperation with the publisher Hogrefe & Huber, instituting a series called "Progress in Allergy" with identical criteria and presentation. All references known for IAACI congress proceedings are given in the individual reports above. At various times, other reports on various topics, in particular with WHO, have also appeared.

Newsletters

Communication between the IAACI and its members was not a high priority in early days. It was in fact limited to occasional correspondence between officers and the officials of member societies in the form of typed circulars.

In the 1970s, however, mainly under the initiative and editorship of the IAACI President Max Samter, a newsletter entitled *Horizons* was started but appeared at very irregular intervals, no more than once yearly. It contained essentially news and meeting reports and announcements from IAACI member societies plus an editorial. That newsletter was discontinued with the creation of *Allergy and Clinical Immunology News* in 1988.

IAACI Journal

Already in the early 1980s, the IAACI Executive Committee had realized that one of the most efficient ways to promote the cause of allergy worldwide would be to have its own journal. Indeed, some of the major IAACI member societies had been publishing highly successful journals for many years, which were and still are the main tools of scientific communication in the field of allergy.

Therefore, around 1985, a first negotiation was undertaken with a popular magazine *Allergy Today* sponsored by a pharmaceutical company and published by Elsevier. For various reasons, this negotiation did not succeed. Then, also in view of the congress in Montreux in 1988, I was able to develop with the publisher Hogrefe & Huber a concept that culminated in the publication of the first issue of *Allergy and Clinical Immunology News* at the congress in October 1988. That journal (6 issues per year) became highly popular, with about 20,000 issues distributed every 2 months worldwide at its peak. It remained the official journal of IAACI for 20 years and generated both Russian and Japanese editions. Each issue contained timely editorial, scientific and clinical reviews by prominent invited authors, case reports, and general allergy news. During its 20 years of publication, *ACI News*, later the *Allergy and Clinical Immunology International*, had 3 editors in chief who played a decisive role in the management and quality standard of the journal: Alain de Weck (1988–1997), Allen Kaplan (1998–2003), and Johannes Ring (2004–2007). The major contribution of Dr Christine Hogrefe, from the publishing house, has also to be emphasized. Not only did she bring professional competence and scientific understanding, but she was also instrumental in accepting the financial burdens and risks carried by the publisher during many early difficult years. Indeed, it turned out that achieving financial security is more difficult for an international journal than for a national journal. This is due on the one hand to difficulties in harvesting individual subscriptions and on the other hand to the regional limitations in marketing and advertising.

In 2007, the WAO Executive Committee decided to discontinue publication of a paper journal, to be replaced solely by the *World Allergy Organization Journal* (*WAO Journal*), which is a fully online journal. As a matter of fact, the replacement of scientific paper journals by electronic ones has been discussed since the end of the 1970s and is a matter of continuous debate. Several arguments may entice us to replace paper by a screen, but the Internet has still not made newspapers and books obsolete. The future will tell whether the wider Internet-mediated distribution will have a more lasting effect than traditional papers.

CONCLUSIONS

The project to write a history of the IAA/IAACI/WAO has been with me for a long time but there were always more pressing tasks. Finally, the encouragement of the current WAO historian, Michael Kaliner, and the conscience that I am soon to be the only one left to report on more than 30 years of the association's life have enticed me to plunge into the papers and reports stored in my cellar. The project has taken a life and a dimension of its own. The final dimension is

probably more than the usual reader will bear. On the other hand, the sense of the whole endeavor is to leave as many as possible of the significant issues available for posterity.

I have taken the liberty to express sometimes personal opinions and interpretations because this is also the task of the historian. The second half of the 20th century has been an exciting and fascinating time for allergy and immunology, 2 fields of medicine that have literally exploded during that period. The history of the IAA/IAACI is also the history of a relatively small group of scientists and physicians who have shaped their discipline during their period.

One may rightfully argue that this group was too small, too self-centered, undemocratic, and maybe stifling for younger forces. However, I believe that this group did a great deal to promote scientific exchange and develop technologies that were an improvement in medical practice and still benefit allergic patients today.

Obviously, the need for a broader approach, geared not only to allergists, has been made obvious by the increasing importance of allergic diseases as a public health problem. The growth of trained allergists in various countries of the world has also necessitated a broader framework of professional organizations, with a larger and more open participation of its members. This, however, together with shorter times in office, should not come at the expense of the long-term commitments that are essential for efficiency.

I have been personally particularly impressed by the direct and indirect effects that several concrete IAACI projects (standardization, new technology courses, mite workshops, guidelines for manufacturers, and quality controls) had in the 1980s to improve daily allergic practice. Since then, the WHO and WAO seem to have given priority to educational materials and particularly paper guidelines. Without denying their value, I still wish to transmit to younger generations some innate skepticism about the effectiveness of paper guidelines in really changing and improving our modes of operation. Such guidelines are usually proclaimed around a table by so-called experts of various opinions and represent a consensus about minor denominators. When a controlled follow-up is made about the practical impact of such guidelines, the results are often disappointing. In the case of guidelines about diagnostic procedures in drug allergy, site visits after a few years in various clinics and institutions were rather chastening: the recommended procedures were often not applied, even in the institutions of some of the experts who had written them! Hence my conviction that guidelines are only worth the effort if some mechanism is established to control their application and possibly enforce them.

Knowledge of history is a prerequisite for good governance. May these historical notes on IAACI be of some help to the future keepers of WAO.

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